

J. L. FAIRBANKS & CO.
Stationers
43 FRANKLIN STREET
—BOSTON—

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14 Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1921, to Jan. 4, 1922

that I last saw him alive on Jan 3, 1922

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH was as follows:

Carcinoma of stomach

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Charles F. Mahoney, M.D.

(Address)

356 Winthrop St.

Date

Jan 4, 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Official position

Health Officer

Date of

issue

of permit

1/4/22

Permit

No.

376

N. B. - WHITE PLAIN, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housekeeper*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Assthema," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Lakerville
(City or town)

1 PLACE OF DEATH

County Plymouth State Mass

City or Town Lakerville No. State Sanatorium St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Patrick Joseph Byrne
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town Winthrop No. 12 St. Gerald
(Usual place of abode)

Length of residence in city or town where death occurred years 5 months 10 days How long in U. S., if of foreign birth? 33 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a If married, widowed, or divorced HUSBAND of <u>Margaret Rabicheau</u> (or) WIFE of		
6 DATE OF BIRTH (month, day, and year) <u>April 16, 1886</u>		
7 AGE <u>35</u> Years	<u>8</u> Months	<u>19</u> Days
If LESS than 1 day, hrs. or min.		

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bar tender
(b) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Ireland

PARENTS

10 NAME OF FATHER <u>John Byrne</u>
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Ireland</u>
12 MAIDEN NAME OF MOTHER <u>Mary Larkin</u>
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Ireland</u>

14 Informant State Sanatorium
(Address)

15 Filed Jan. 4, 1922 Ernest C. Barry
Registrar of city or town where death occurred

Filed Feb 10, 1922
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4, 1922

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1921, to Jan. 4, 1922, that I last saw him alive on Jan. 4, 1922, and that death occurred, on the date stated above, at 6-30 a. m. The CAUSE OF DEATH* was as follows:

Phthisis pulmonalis

(duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Asthma
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Positive sputum

(Signed) Wesley W. Hale, M.D.
14, 1922 Address Middleboro

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holly Cross cem, Malden DATE OF BURIAL Jan. 6, 1922

20 UNDERTAKER Richard C. Kirby ADDRESS East Boston

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or even up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant origin; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 da., *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely sym. tomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," "Congestial," "Sable," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths un-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

Registered No. 141

(Place of death)

Registered No. 51

(Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or Town Boston No. HART HOUSE. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARGARET HYNES

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP. 28 PEARL AVE St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F	4 COLOR OR RACE W	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SIN.
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5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
19		5	13	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work CLERK

(b) Name of employer TWIN MUTUAL INS.

9 BIRTHPLACE (city or town) BOSTON
(State or country)

PARENTS	10 NAME OF FATHER EDWARD J.
	11 BIRTHPLACE OF FATHER (city or town) (State or country) IRELAND
	12 MAIDEN NAME OF MOTHER MARGARET CRAVEN
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) IRELAND

14 Informant JOSEPH P. HYNES
(Address)

15 Filed JAN. 9, 1922 EWM GUNER
Registrar of city or town where death occurred

Filed MAR. 25, 1922
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN. 5 1922

17 I HEREBY CERTIFY, That I attended deceased from

, 19, to, 1922,

that I last saw h. alive on, 1922,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

ACUTE GENERAL PERITONITIS FOL:
ABORTION

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) TIMOTHY LEARY MED. EX. M.D.

, 1922 (Address) JAN. 5

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
CALVARY (NEW)DATE OF BURIAL
JAN. 7 192220 UNDERTAKER
P. J. BRADY

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archivist, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*. Case should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Assthemia," "Anemia" (merely syn. *tomatic*), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "P^{er}natal septicemia," "P^{er}inatal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendation on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Nov. 15th

, 1921, to

Jan. 11th

, 1922.

that I last saw him alive on

Jan. 10th

, 1922.

and that death occurred, on the date stated above, at 1:15 P.M.

The CAUSE OF DEATH was as follows:

Arterio-sclerosis

Indefinite

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

Indefinite

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed)

William J. Porter

M.D.

(Address)

Winthrop, Mass.

Date

January 11th

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Green Grove Cemetery

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

1/13-22

20 UNDERTAKER

C.R. Bennett

ADDRESS

Winthrop, Mass.

Official position

Health Officer

Date of

issue

of permit

1/12/22

Permit

No.

377

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anæmia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-
peral septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death. Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

12,139

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(Issued under the Provisions of General Laws, Chapter 38)

County

Suffolk

State

Registered No. 3

City or Town

Winthrop

No. 25

Sargent

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Evelyn J. Drake

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 25 Sargent

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Samuel Drake

6 DATE OF BIRTH

Oct. 10 1848

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

73

3

14

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) Name of employer

at home

9 BIRTHPLACE (City)
(State or country)Lincolnville
Maine10 NAME OF
FATHER

Johannes Brochof

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Maine

12 MAIDEN NAME
OF MOTHER

Jane Easton

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Maine

14

Informant
(Address)M L Wrahe
25 Sargent St

15

Filed Feb. 3, 1922
(Month) (Day) (Year)

REGISTRAR

21 Burial permit
issued by

St. Mover

Official
position

Health Officer

22 Date of
issue

Jan 26

Permit
No.

378

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan 24 1922
(Month) (Day) (Year)

17

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:Natural Causes:
Cardio-vascular
disease plus neoplasm
of the stomach
(Sudden death)

(See reverse side for description for unknown person)

18 Where was injury sustained
if not at place of death?

(Signed) J. J. Sargent, M.D.

(Address)

Medical Examiner for

Suffolk

Date

Jan 26 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL

Mt Auburn

(Cemetery)

Cornbury

(City or town)

DATE OF BURIAL

Jan 26 22
(Month) (Day) (Year)

20 UNDERTAKER

C R Bennis

ADDRESS

Winthrop

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan 24 1922
J. M. M. M.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or Town)

City or Town

Boston

No.

150 Loring Rd

St.

Ward

2 FULL NAME

Katherine S Gilman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 150 Loring Rd

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White

Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

John E. Gilman

6 DATE OF BIRTH

Jan

15

1876

7 AGE

46

Years

Months

0

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Boston Mass

10 NAME OF FATHER

John Scannell

11 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Ellen Sullivan

13 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston Mass

14

Informant

(Address)

John E. Gilman

150 Loring Rd Winthrop

15

Filed

Feb. 3, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S. J. Moury

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan

30

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan 25, 1922, to Jan 30, 1922

that I last saw him alive on

Jan 30, 1922

and that death occurred, on the date stated above, at

100 A. M.

The CAUSE OF DEATH was as follows:

Acute Dilation of Heart

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

Lobar Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Artely M.D.

(Address) 200 Pleasant St. South

Date Jan 30, 1922

(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Calvary (Cemetery)

Boston (City or town)

DATE OF BURIAL

Feb 1, 1922

20 UNDERTAKER

F. J. Crosby

ADDRESS

12 Warren St Boston

Official position

Health Officer

Date of issue

of permit 4/31/22 No. 379

Permit

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," "Idiot," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal pyrexia, septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

Feb. 3, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan. 1st

, 1922

to Jan. 31

, 1922

that I last saw him alive on Jan. 27

, 1922

and that death occurred, on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH was as follows:

Organic heart disease
side heart (duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed)

William J. Porter

M.D.

(Address)

Winthrop, Mass.

Date

Feb. 1

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

Feb. 2, 1922

20 UNDERTAKER

ADDRESS

John F. O'Malley

Winthrop

Official

position

Date of

issue

permit

2/1/22

Permit

No.

1380

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Jan 31 1920
[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *At home*, and children, not gainfully entered as *Housewife*, *Housework*, or *At home*, Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility," "Congenital," "Senile lapse," "Dropsey," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. — *Revised Laws, Chap. 89, Secs. 10 and 11, as amended by Acts of 1910, Chap. 582.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **immediately** due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Foxborough
(City or town)

1 PLACE OF DEATH

County Norfolk State Mass.

Registered No. 7
(Place of death)

City or Town Foxborough No. State Hospital St. Ward

Registered No. 6
(Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anastasia J. McCormack

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. St.
(Usual place of abode)

Length of residence in city or town where death occurred 7 years 1 months 27 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Austin J. McCormack

6 DATE OF BIRTH (month, day, and year) May 19, 1868

7 AGE Years 53 Months 8 Days 12 If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) Name of employer

9 BIRTHPLACE (city or town) Boston
(State or country) Mass.

PARENTS
10 NAME OF FATHER John Kirby
11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)
12 MAIDEN NAME OF MOTHER Bridget F. Downs
13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country) 2/

14 Informant Records Foxboro State
(Address) Hospital

15 Filed 2/1/22, 19
Registrar of city or town where death occurred

Filed , 19
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31, 1922

17 I HEREBY CERTIFY, That I attended deceased from April 15, 19 20 to Jan. 31, 19 22,
that I last saw her alive on Jan. 31, 19 22,
and that death occurred, on the date stated above, at 7:30p m.
The CAUSE OF DEATH* was as follows:

Acute entero-colitis

(duration) yrs. 2 mos. ds.
CONTRIBUTORY epileptic dementia & val-
(SECONDARY) vular heart disease
(duration) 16 yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C.B.J. Schorer, M.D.

(Address) Foxboro State Hospital

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Holy Cross, Malden

2/3/22 19

20 UNDERTAKER

ADDRESS

Richard C. Kirby

E. Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composition, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely sym.omatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebility" ("Congenital," "Senile," "etc."), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualifier, *s. indelinito*); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthema," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile, etc."), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female White

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

1922

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or mid.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

3

(Day)

1922

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb 3, 1922, to Feb 3, 1922

that I last saw him alive on Feb 3, 1922

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH was as follows:

Patent foramen ovale
Premature

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. [Signature] M.D.

(Address) 30 [Address]

Date Feb 3, 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

Feb 4, 1922

20 UNDERTAKER

ADDRESS

John F. O'Malley Winthrop

Official
position

Health Officer

Date of
issue
of permit

2/3/22

Permit

No. 382

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the diseases causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name first); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 28 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committees on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (define so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 282.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectman for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

10

City or Town

Winthrop

No.

24 Belcher

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George Henry Jones

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

24 Belcher

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

*white*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*married*

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Sarah L Jones*

6 DATE OF BIRTH

*March**17**1849*

(Month)

(Day)

(Year)

7 AGE

72

Years

Months

10

Days

17

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Steam fitter*

(b) Name of employer

9 BIRTHPLACE (City)

Medford

(State or country)

Mass.

10 NAME OF FATHER

George Edward Jones

11 BIRTHPLACE OF FATHER (City)

Portland

(State or country)

Maine

12 MAIDEN NAME OF MOTHER

Freda Battman Floyd

13 BIRTHPLACE OF MOTHER (City)

Malden

(State or country)

Mass.

14

Informant

Sarah L Jones

(Address)

*24 Belcher St**wife*

15

Filed

Feb. 11, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me

BEFORE the burial or transit permit was issued

Will May 1924

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

*Feb**3**1922*

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

*Jan 1921**1921*

to

*July 3**1922*

that I last saw him alive on

*July 3**1922*and that death occurred, on the date stated above, at *11 A* m.

The CAUSE OF DEATH was as follows:

Ch Endocarditis

CONTRIBUTORY

(SECONDARY)

Card Dilatation

18 Where was disease contracted

if not at place of death?

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

Thos G. Truitt

M.D.

(Address)

218 Main St

Date

*July 3**1922*

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Feb. 6, 1922

20 UNDERTAKER

C R Benson

ADDRESS

Winthrop

Official position

Health Officer

Date of issue

of permit

2/6/22

Permit

No. *383*

PHYSICIANS should state CAUSE OF DEATH EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of cause of death. — Name, first, the DISEASE CAUSING

state cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

tetanus.

THE LAWS OF THE
-TH OF MASS
GOVERNING THE

of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9*

require. — *Gen. Laws, Chap. 114, Sec. 45*

— *Gen. Laws, Chap. 38, Sec. 6.*

— Gen. Laws, Chap. 88, Sec. 7.

RULES OF PRACTICE

the following rules of practice:

from disease unrelated to any form of injury.

needed.

found dead.

N. B. - WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every name, every fact, every date, every place, every cause of death in plain terms, carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. See instructions on back so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

Registered No. **1140**

(Place of death)

Registered No. **73**

(Place of residence)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

City or Town **Boston** No. **MASS. HOMEOP. HOSPT.**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **MARY J. BROWN**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**

City or Town **WINTHROP** No. **59 QUINCY AVE.---** St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WID.**

5a If married, widowed, or divorced HUSBAND of **WM. H.** (or) WIFE of

6 DATE OF BIRTH (month, day, and year) **-----**

7 AGE Years Months Days If LESS than 1 day, hrs. or min. **70**

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED **NONE**

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (city or town) **PICTOU** (State or country) **N.S.**

10 NAME OF FATHER **ALEXANDER CAMPBE**

11 BIRTHPLACE OF FATHER (city or town) **PICTOU** (State or country) **N.S.**

12 MAIDEN NAME OF MOTHER **ELIZABETH GRANT**

13 BIRTHPLACE OF MOTHER (city or town) **PICTOU** (State or country) **N.S.**

14 Informant **M.G. BOWLBY** (Address)

15 Filed **FEB. 8 1922** **EWM Glenen** Registrar of city or town where death occurred

Filed **May 25, 1922** Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **FEB. 4. 1922**

17 I HEREBY CERTIFY, That I attended deceased from **JAN. 30**, 19**22**, to **FEB. 4.**, 19**22**,

that I last saw him **ER** alive on **FEB. 4.**, 19**22**,

and that death occurred, on the date stated above, at **8.15P** m.

The CAUSE OF DEATH* was as follows:

BRONCHO-PNEUMONIA

(duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY)

(duration)..... yrs..... mos..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) **H.M. POLLOCK**, M.D., 19 22 (Address) **FEB. 5**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

FOREST HILLS

DATE OF BURIAL

FEB. 7 1922

20 UNDERTAKER

J.S. WATERMAN & SONS

ADDRESS

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "meningitis"); *Lobar pneumonia; Bronchopneumonia* report "Typhoid pneumonia"; *Lobar pneumonia; Tuberculosis of lungs, meningitis, pneumonia, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds., Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility," "Congenital," "Sanile," "Insipid," "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Ischemia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without request medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

BOARD OF HEALTH PHYSICIAN'S CERTIFICATE OF DEATH

To be used only in case there is no attending physician or if for sufficient reason the attending physician's certificate cannot be obtained early enough for the purpose of granting a burial permit, as provided by Revised Laws, Chapter 78, Section 38.

1 PLACE OF DEATH

County

State

Registered No. 11

City

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 7, 1918.

7 AGE 3 Years 2 Months 30 Days

If LESS than

1 day, hrs.

If STILLBORN, enter that fact here

or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant
(Address)

15

Filed Feb. 11, 1922
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb

6

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I have ascertained the

nature of the disease from which the person above-named died, and that

the CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH. (See reverse side for additional
space and instructions.)

Anemia Lymphatica

(duration) yrs. 10 mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

at home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Personal Observation

(Signed) Raymond B. Parker M.D.

(Address) 148 Winthrop St Winthrop

Date Feb 7, 1922 by order of
(Month) (Day) (Year) Medical Examiner

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop

Feb. 8, 1922

20 UNDERTAKER

ADDRESS

Frank C. Brown, East Boston

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

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the date and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death, where contracted, the duration of his last illness, when last seen alive by the physician and the date of his death. . . . — *Revised Laws, Chap. 29, Sects. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or if is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, . . . medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons **found dead**.

Substituted by Undersecretary. No embolizing fluid, or any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — Revised Laws, Chap. 24, Sec. 20.

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of . . . (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtema," "Anemia" (merely symptomatic), "Debility," "Congestive," "Coma," "Convulsions," "Exhaustion," "Heart failure," "Senile," etc.; "Dropsy," "Marasmus," "Old age," "Hemorrhage," "Fracture," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for "Job surgical operation was undertaken. For violent deaths state means or injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train — accident*; *Revolver wound of head — homicide*; *Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winch
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

12

City or Town

Winthrop

No.

14 Bates Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Emily Regina

Haggenston

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 14 Bates Ave
(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

84

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Haggenston

6 DATE OF BIRTH

Dec

23

1837

(Month)

(Day)

(Year)

7 AGE

Years

04

Months

1

Days

16

If LESS than

1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at Home

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)

Winthrop Mass

10 NAME OF
FATHER

Samuel H. Tewkesbury

11 BIRTHPLACE OF
FATHER (City)

Winthrop

(State or country)

12 MAIDEN NAME
OF MOTHER

Sarah Hill Sturgis

13 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

14

Informant

Mrs. Samuel Brown

(Address)

14 Bates Ave. Winthrop

15

Filed

Feb. 11, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February 8

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan 1

1922

to Feb 8

1922

that I last saw him alive on

Feb 8

1922

and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

CONTRIBUTORY
(SECONDARY)

(duration) 7 yrs. 7 mos. 5 ds.

Arterio Sclerosis

(duration) 7 yrs. 7 mos. 7 ds.

Several

18 Where was disease contracted
if not at place of death?

at

Did an operation precede death?

No

Date of

—

Was there an autopsy?

No

What test confirmed diagnosis?

Clinical

(Signed)

Orville E. Johnson M.D.

(Address)

125 Winthrop St

Date

Feb 9

1922

Winthrop

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop

(Cemetery)

Winthrop (City or town)

DATE OF BURIAL

2/10 1922

20 UNDERTAKER

Charles R. Bennett

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue

1/1/22

Permit

No.

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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Synner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never mention "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Senile lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile, etc."), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County SuffolkState Mass.Registered No. 13City or Town WinthropNo. 100 Marshall St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Angus M. Macdonald

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 100 MarshallSt. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

May
(Month)16
(Day)1961
(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

60824

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) Name of employerDie Maker

9 BIRTHPLACE (City)

(State or country)

Antigonish
N.S.

PARENTS

10 NAME OF
FATHERAngus11 BIRTHPLACE OF
FATHER (City)

(State or country)

Antigonish
N.S.12 MAIDEN NAME
OF MOTHERMary Macdonald13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Antigonish
N.S.

14

Informant Mrs. Holland
(Address) 100 Marshall St.

15

Filed Feb. 11, 1922
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me
BEFORE the burial or transit permit was issuedA. B. Murray

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb.
(Month)9
(Day)1922
(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb. 8, 1922, to Feb. 9, 1922,that I last saw him alive on Feb. 8, 1922,and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH was as follows:

Tuberculosis

(duration).....yrs.....mos.....ds.

CONTRIBUTORY
(SECONDARY)Cystitis & nephritis

(duration).....yrs.....mos.....ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....no.....

What test confirmed diagnosis?

(Signed) Charles R. McKinney, M.D.(Address) 356 W. 1st St.Date Feb. 9, 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Cahay Waltham
(Cemetery)

(City or town)

DATE OF BURIAL

Feb 11 1922

20 UNDERTAKER

John F. O'Malley

ADDRESS

WinthropOfficial
positionDate of
issue
of permit

Permit

Feb. 11, 1922 No. 3100

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Comatose"), "Semilethargy," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 592.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certifying certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence.—*Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wrentham
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

14

City or Town

Wrentham

No.

90 Putnam St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Anna Di-Vita Lampasona

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

90 Putnam

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

11 years

X months

X days

How long in U. S., if of foreign birth?

20 years

X months

X days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Giuseppe Lampasona

6 DATE OF BIRTH

July 26 1858

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

63

6

15

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at Home

(b) Name of employer

9 BIRTHPLACE (City)

unable to obtain -

(State or country)

Italy

10 NAME OF
FATHER

Pietro Di-Vita

11 BIRTHPLACE OF
FATHER (City)

unable to obtain

(State or country)

Italy

12 MAIDEN NAME
OF MOTHER

Angela Palazzolo

13 BIRTHPLACE OF
MOTHER (City)

unable to obtain

(State or country)

Italy

14

Informant

Frank Lampasona

(Address)

90 Putnam St Wrentham

15

Filed

Feb 23/22

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedJ. R. Mowry
4.2

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb

10

22

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

1920

, 19

Feb 10

, 1922

that I last saw him alive on

Feb 10

, 1922

and that death occurred, on the date stated above, at

3:15 p.m.

The CAUSE OF DEATH was as follows:

arterio sclerosis Chronic
interstitial Nephritis

(duration)

2 yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

debilitated heart

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

B. J. Mulcahy

M.D.

(Address)

174 Wrentham St Wrentham Mass

Date

Feb

11

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Michael's Cemetery
(Cemetery) Wrentham (City or town)

DATE OF BURIAL

2/15-22

20 UNDERTAKER

West. Rev. Barber

ADDRESS

Wrentham

Official
position

Health Officer

Date of
issue
of permit

2/13/22

Permit

No. 387

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.— Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Artist, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*; (a) *Laborer*, (b) *Foreman*, (b) *Manager*, (b) *Dealer*, etc., without return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualify); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant origin; "Measles," *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Asphemia," "Convulsions," "Debility" ("Congenital," "Senile," "Lapse," "Coma," "Exhaustion," "Heart failure," "Hemorrhage," "Dropy," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc.), when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give cause of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACT FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.

— *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

State

Registered No. 15

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14 Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

12

(Day)

1922

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb 5

1922, to Feb 12

1922,

that I last saw him alive on Feb 12, 1922

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH was as follows:

Lobar pneumonia - upper
lobes lobes - left

(duration) yrs. mos. 7 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

at place of death

Did an operation precede death?

yes Date of Feb 12-22

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

T. P. W. Lyster, M.D.

(Address)

Fort Bank Ma

Date

Feb

(Month)

12

(Day)

1922

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

Feb. 14 1922

20 UNDERTAKER

ADDRESS

John F. C. Moley

Winthrop

Official
position

St. Officer

Date of
issue
of permit

2-13-22

Permit
No. 388

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be fully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Feb. 12. 1922

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

GOVERNING THE

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 582.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died. . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending

application made such certificate, . . . the medical examiner physician. If death is caused by violence, the person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness

RULES OF PRACTICE

the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, were under medical attendance or

(2) **Board of Health Physicians** will certify to such deaths only as from disease unrelated to any form of injury, and will not certify to those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **and** **possibly due to injury**. These include not only deaths caused directly or indirectly by **traumatism** (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winstock
(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If ~~married~~, widowHUSBAND of
(or) WIFE of

6 DATE OF BIRTH

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

1922

17

I HEREBY CERTIFY, That I attended deceased from

1922

1922

that I last saw her alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

Chronic Myocarditis Atherosclerosis
attack of Angina Pectoris

Definite (duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

T. G. Brown

M.D.

(Address)

218 Main St Winstock

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

2/18

20 UNDERTAKER

ADDRESS

Official
position

Health Officer

Date of
issue

of permit

Permit

No.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Cable engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never mention "typhoid"); *Lobar pneumonia*; *Bronchopneumonia* report "Typhoid pneumonia"; *Lobar pneumonia*; *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant origin; "Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant origin); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *99 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Senile lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile, etc."), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as resigned by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan 1921, to Feb 14, 1922

that I last saw him alive on Feb 14, 1922

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

Official
positionDate of
issue
of permit

Permit

No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds., Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," "etc."), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS
 GOVERNING THE
 RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 18
City or Town BOSTON No. 214 Court Road St. Winthrop Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME John M. Moriarty
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 214 Court Road St. Ward
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 2 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5a If married, widowed, or divorced HUSBAND of Helia Moriarty (or) WIFE of
6 DATE OF BIRTH July 19 1847
Month Day Year
7 AGE 74 Years 6 Months 29 Days If LESS than 1 day, hrs. If STILLBORN, state period of uterogestation mos. or min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Grocer (b) General nature of industry, business, or establishment in which employed (or employer) Retiree (c) Name of employer
9 BIRTHPLACE (City) Boston (State or country) Mass
PARENTS
10 NAME OF FATHER Walter Moriarty
11 BIRTHPLACE OF FATHER (City) Ireland (State or country)
12 MAIDEN NAME OF MOTHER Frances Connors
13 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Feb 17 1922
Month Day Year
17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1922, to Feb 17, 1922, that I last saw him alive on Feb 17, 1922, and that death occurred, on the date stated above, at 8:30 p.m. m. The CAUSE OF DEATH was as follows:
Arterio-sclerosis
(duration) yrs. mos. ds.
CONTRIBUTORY Myocarditis (SECONDARY)
(duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) C. J. Mulholland M.D.
(Address) 306 Mulholland St.
Date Feb 18 1922
(Month) (Day) (Year)

14 Informant William J. Moriarty
(Address) 214 Court Road
15 Filed Feb 24 1922
(Month) (Day) (Year) REGISTRAR

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)
DATE OF BURIAL Feb 20/22
20 UNDERTAKER William J. Butler
ADDRESS 591 Broadway

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Feb 24 1922
Official position Registrar Date of issue Feb 24 1922 Permit No. 200

Every item of information 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Chief engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*, *mill*; (a) *Foreman*, (b) *Manager*; "Dealer," etc., without return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer* — *Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc. *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant origin; "Leukemia" is indefinite); *Chronic valvular heart disease*; *Neoplasms*; *Measles*; *Whooping cough*; *Chronic catarrh of intestines*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *99 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Senile lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Congenital," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician if any, as required by law, or in lieu thereof a certifying statement as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
City or Town **Boston** No. **LONG ISLAND HOSP.** St. **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **1538**
(City of **Boston**)
Registered No. **2552**
(Place of residence)

2 FULL NAME

OSCAR J. BALL

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **Ward**
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WID.**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **EUNICE ROGERS**

6 DATE OF BIRTH (month, day, and year) **----1842**

7 AGE Years **80** Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **MUSICIAN**
(b) Name of employer

9 BIRTHPLACE (city or town) **NORTHBORO**
(State or country)

10 NAME OF FATHER **JOSEPH BALL**
11 BIRTHPLACE OF FATHER (city or town) **BOSTON**
(State or country)
12 MAIDEN NAME OF MOTHER **-----**
13 BIRTHPLACE OF MOTHER (city or town) **-----**
(State or country)

14 Informant **FRANCIS BALL**
(Address) **WINTHROP**

15 Filed **FEB. 20, 1922** **EWM Glenen**
Registrar of city or town where death occurred
Filed **Mar. 25, 1922**
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **FEB. 17. 1922**

17 I HEREBY CERTIFY, That I attended deceased from **MAY 13, 18** to **FEB. 17, 1922**
that I last saw him alive on **FEB. 17, 1922**
and that death occurred, on the date stated above, at **10 A** m.
The CAUSE OF DEATH* was as follows:

BRONCHO PNEUMONIA

(duration) yrs. mos. ds.
CONTRIBUTORY **ENTERO-COLITIS (TERMINAL)**
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) **T. CUDDY**, M.D.
1922 (Address) **L.I. HOSP.**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **NORTHBORO** DATE OF BURIAL **FEB. 20 1922**

20 UNDERTAKER **J. S. WATERMAN & SONS** ADDRESS

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never mention "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* report "Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Postpartal septicemia," "Postpartal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

FROM THE LAWS OF THE
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

19

City or Town

Winthrop

No.

17 Hutchinson St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William A. Hardyman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

17 Hutchinson

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

X years

6 months

X days.

How long in U. S., if of foreign birth?

50 years

X months

X days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

July 15, 1859

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

62

6

3

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Sheff (cook)

(b) Name of employer

W. T. Hyde - Winthrop

9 BIRTHPLACE (City)

(State or country)

Lowell

England

10 NAME OF

FATHER

unable to obtain

11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

Arthur J. Kilpott

6510 Winthrop St. Beverly Mass

15

Filed

Feb 23 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

S. E. Mowry

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb.

18

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb. 12

1922

to Feb. 18

1922

that I last saw him alive on Feb. 18

1922

and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH was as follows:

Arterio-sclerosis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

Redema of lungs

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

O. J. Mahoney

M.D.

(Address)

366 Winthrop St

Date

February 20

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop

Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

2/21-22

20 UNDERTAKER

C. E. Brimmer

ADDRESS

Winthrop

Official

position Health Officer

Date of

issue

of permit

Permit

No.

392

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archivist, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (c) Salesman, (b) Grocery; (d) Foreman, (b) Automobile factory, mill; (e) Foreman, (b) Manager, "Dealer," etc.*, without return "Laborer," *Foreman, Farm laborer, Laborer—Coal more precise specification, as Day laborer, Farm laborer, Laborer—Coal* hold only (not paid *Housekeepers* or *At home*, and children, not gainfully entered as *Housewife, Housework, or At home*, Care should be taken to report specially the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never mention "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* report "Typhoid pneumonia"; *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.*, of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges; Whooping cough; Chronic actular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meninges* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as *Asphemia, "Anemia"* (merely symptomatic), *Atrophy, "Colic," "Coma," "Convulsions," "Debility," "Congestive," "Sedile," "Ia-lapse," "Stoma," "Convulsions," "Heart failure," "Hemorrhage," "Ins-tition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness,"* etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, muscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

20

City or Town

Winthrop

No.

19 Johnson Ave.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Marietta Smith

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

19 Johnson Ave.

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Nathan Smith

6 DATE OF BIRTH

Nov. 18, 1843

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

78

3

2

1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At home

(b) Name of employer

9 BIRTHPLACE (City)

Gitchburg

(State or country)

Mass.

10 NAME OF
FATHER

Edwin Lamb

11 BIRTHPLACE OF
FATHER (City)

Gitchburg

(State or country)

Mass.

12 MAIDEN NAME
OF MOTHER

Mary Gibson

13 BIRTHPLACE OF
MOTHER (City)

Gitchburg

(State or country)

Mass.

14

Informant

(Address)

Mr. Freeman
19 Johnson Ave.

15

Filed

Feb. 23, 22

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb
(Month)20
(Day)1922
(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Dec., 1921, to Feb. 20, 1922

that I last saw him alive on February 19, 1922

and that death occurred, on the date stated above, at 7:40 a.m.

The CAUSE OF DEATH was as follows:

Carcinoma of uterus

(duration)

Not known ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Clinical

(Signed)

B. J. Metcalf

M.D.

(Address)

174 W. Main St. Winthrop 52 Mass.

Date

Feb 22

1922

(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Catham Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

Feb. 23, 22

ADDRESS

286 Meriden East Boston

20 UNDERTAKER

Frank E. Brown

Official

position

Date of

issue

of permit

2-22-22

Permit

No.

39

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "meningitis"); *Lobar pneumonia*; *Bronchopneumonia* (report "Typhoid pneumonia"; *Lobar pneumonia*; *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," "Insane," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal," *septicemia*, "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, the disease of which he died, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

City or Town

Boston

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2 FULL NAME

LIBBIE ROSENBERG

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

164 PAULINE

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

WID.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

HARRY

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

82

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

NONE

(b) Name of employer

9 BIRTHPLACE (city or town)

RUSSIA

(State or country)

10 NAME OF FATHER

LOUIS MARCUS

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

RUSSIA

12 MAIDEN NAME OF MOTHER

ESTHER -----

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

RUSSIA

14

Informant

S. ROBERTS

(Address)

15

Filed FEB. 24, 1922

E. W. McEwen
Registrar of city or town where death occurred

Filed Mar. 25, 1922

Registrar of city or town where deceased resided

16 DATE OF DEATH (month, day, and year)

FEB. 20 19 22

17

I HEREBY CERTIFY, That I attended deceased from

FEB. 19, 1922, to FEB. 20, 1922,

that I last saw him alive on FEB. 20, 1922,

and that death occurred, on the date stated above, at 9.40 P. M.

The CAUSE OF DEATH* was as follows:

CERE. HEMORRHAGE

(duration) yrs. mos. 1 ds.

CONTRIBUTORY

ARTERIO-SCLEROSIS

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. S. PARSONS, M.D.

, 19 22 (Address)

FEB. 21

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

WOBURN (BETH JOSEPH)

DATE OF BURIAL

FEB. 21 19 22

20 UNDERTAKER

MANUEL STANETSKY

ADDRESS

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

(City or town)

1 PLACE OF DEATH

County **Hampden** State **Mass.**
City or Town **Springfield**

Registered No. _____

(Place of death)

Registered No. **29**

(Place of residence)

No. **45 North Main** St. **2** Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John W. Swint

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **Mass.** City or Town **Winthrop** No. **81 Otis** St.

(Usual place of abode)

Length of residence in city or town where death occurred years **2** months **18** days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5a If married, widowed, or divorced

HUSBAND of **Delia Richardson**
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) **February 2 1852**

7 AGE **70** Years Months Days If LESS than 1 day, hrs. or min.
If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Baker - Retired**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) **Syracuse**
(State or country) **New York**

PARENTS
10 NAME OF FATHER **John W. Swint**
11 BIRTHPLACE OF FATHER (city or town) **Worms**
(State or country) **Germany**
12 MAIDEN NAME OF MOTHER **Margaret Matzen-**
Kussel **bacher**
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) **Germany** **Feb**

14 Informant **Dr. S. A. Lewis** **Mass.**
(Address) **45 No. Main St. Springfield**

15 Filed **Feb 24**, 19 **22** Registrar of city or town where death occurred
Filed **May 13**, 19 **22** Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **February 21** 19 **22**

17 I HEREBY CERTIFY, That I attended deceased from

Dec. 3, 19**21**, to **Feb. 21**, 19 **22**

that I last saw him alive on **Feb. 21**, 19 **22**

and that death occurred, on the date stated above, at **2 P.** m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

Angina Pectoris

(duration) yrs. **10** mos. ds.

CONTRIBUTORY -
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted - -
if not at place of death?

Did an operation precede death? **No** Date of

Was there an autopsy? **No**

What test confirmed diagnosis? **Clinical**

(Signed) **Seth A. Lewis**, M.D.
22 1922 Address **45 No. Main**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Woodlawn, Everett

DATE OF BURIAL
Feb 24 19 **22**

20 UNDERTAKER

ADDRESS

Cheney D. Washburn **Springfield**

Mass.

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

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, *first*, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *perituncum*, etc.; *Carcinoma*, *Sarcoma*, etc., of-----

(name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia,"

"Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state

MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiner.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Self-poisoning*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

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

BOARD OF HEALTH PHYSICIAN'S CERTIFICATE OF DEATH

To be used only in case there is no attending physician or if for sufficient reason the attending physician's certificate cannot be obtained early enough for the purpose of granting a burial permit, as provided by Revised Laws, Chapter 78, Section 38.

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 52
City Wintthrop No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Sallie Weigert
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 90 Temple Ave St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 8 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fi 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles
6 DATE OF BIRTH (month, day, and year) June 3, 1858
7 AGE 63 Years 8 Months 19 Days If LESS than 1 day, hrs. or min.
If STILLBORN, enter that fact here
8 OCCUPATION OF DECEASED Home
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) London England
(State or country)

10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) LL
(State or country)
12 MAIDEN NAME OF MOTHER LL
13 BIRTHPLACE OF MOTHER (city or town) LL
(State or country)

14 Informant Eugene J Campbell
(Address)

15 Filed Feb. 23, 1922
(Month) (Day) (Year)
REGISTRAR L. A. M. [Signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 22 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I have ascertained the nature of the disease from which the person above-named died, and that the CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH. (See reverse side for additional space and instructions.)

Carcinoma Breasts and abdominal organs.
(duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? Yes Date of about 15 years ago.

Was there an autopsy? No

What test confirmed diagnosis? Papal Examination

(Signed) Raymond B Parker, M.D.

(Address) Winthrop Board of Health

Date Feb 23 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mass crematory DATE OF BURIAL Feb 24, 1922

20 UNDERTAKER

J. S. [Signature] ADDRESS Boston

Health Officer 2.23.22

PLB. 11.11 EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician and the date of his death. . . . — *Revised Laws, Chap. 29, Sects. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism, (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons **found dead**.

Notice to Undertakers: NO embalming, mummification, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

Statement of Cause of Death. — Name, **first**, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic redwater heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asphæmia," "Anæmia" (merely symptomatic), "Atrophy" ("Congestional," "Coma," "Convulsions," "Exhaustion," "Heart failure," "Senile," etc.), "Dropsy," "Marasmus," "Old age," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for such surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Reefer wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *Septis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH *Suffolk* County *Mass.* State *Mass.* Registered No. *23*
City or Town *Wintthrop* No. *Cliff House 170 Cliff Ave.* St. *Ward*
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME *Henry Alexander Maley*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *Cliff House 170 Cliff Ave.* Ward. *Ward*
(Usual place of abode) (If non-resident give city or town and State)

Length of residence to city or town where death occurred *1* years *6* months *5* days. How long in U. S., if of foreign birth? *2* years *0* months *0* days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Elizabeth K.*

6 DATE OF BIRTH *April 25 1854*
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day,.....hrs. or.....min.
67 8 29

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

Retired

9 BIRTHPLACE (City) (State or country)

Brooklyn N. Y.

10 NAME OF FATHER *Alexander*

11 BIRTHPLACE OF FATHER (City) (State or country) *Ireland*

12 MAIDEN NAME OF MOTHER *Isabella Craig*

13 BIRTHPLACE OF MOTHER (City) (State or country) *Ireland*

14 Informant *Elizabeth K. Mullen*
(Address) *234 Clarendon St. Boston*

15 Filed *Feb. 23 1922*
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

J. A. Morris
H. 26

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb. 23 1922*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *July 12, 1922, to Feb 23, 1922,*
that I last saw him alive on *Feb. 21, 1922,*
and that death occurred, on the date stated above, at *12:45 a.m.*
The CAUSE OF DEATH was as follows:

Post Paralytic Dementia
Hypostatic Pneumonia

CONTRIBUTORY (SECONDARY)

(duration) *10* yrs. *5* mos. *5* ds.

18 Where was disease contracted if not at place of death? *✓*

Did an operation precede death? *No* Date of *✓*

Was there an autopsy? *No*

What test confirmed diagnosis? *Chemical*

(Signed) *Charles O. Thompson*, M.D.

(Address) *589 Beacon*

Date *Feb. 23 1922*
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mass Cemetery
(Cemetery) (City or town)

DATE OF BURIAL

2/25 1922

20 UNDERTAKER

Red L. Beigg *Boston*

Official position *Health Officer* Date of issue *2/23/21* Permit No. *393*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Cart engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *9 days*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," "Convulsions," "Debility," "Congestive," "Senile," "Lapse," "Coma," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misarrriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information when they give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 382.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for this purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

27 years

x months

x

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

June, 1921, to Feb 23, 1922

that I last saw him alive on Feb 23, 1922

and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH was as follows:

Diabetes Insipidus

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Diabetes Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Horace F. Leland, M.D.

(Address)

188 Weymouth St

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Weymouth Mass

(Cemetery) Weymouth (City or town)

DATE OF BURIAL

Feb 26 - 1922

20 UNDERTAKER

C. R. Bunker

ADDRESS

Weymouth

Official
position

Health Officer

Date of
issue
of permit

Feb 25 1922 No. 396

Permit

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Sanile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application, make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

25

No.

80 Sagamore Ave St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)
(State or country)

14

Informant
(Address)

15

Filed
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

July 6, 1922, to July 25, 1922

that I last saw him alive on July 24, 1922

and that death occurred, on the date stated above, at 2:5 a.m.

The CAUSE OF DEATH was as follows:

Perniciou anemia

CONTRIBUTORY
(SECONDARY)18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Official
positionDate of
issue
of permitPermit
No.

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never misinterpret); *Lobar pneumonia*; *Bronchopneumonia* report "Typhoid pneumonia"; *Lobar pneumonia*; *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as his acquired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

16 DATE OF DEATH

(Month)

(Day)

(Year)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

17

I HEREBY CERTIFY, That I attended deceased from

6 DATE OF BIRTH

(Month)

(Day)

(Year)

Feb 21, 1922, to Feb 27, 1922

that I last saw him alive on , 19 ,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

Steel bomb

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

9 BIRTHPLACE (City)
(State or country)18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M.D.

(Address)

Date Feb 28, 1922
(Month) (Day) (Year)10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)
(State or country)

14

Informant

(Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

15

Filed Mar. 6, 1922
(Month) (Day) (Year)

REGISTRAR

20 UNDERTAKER

Official
positionDate of
issue
of permit

Permit

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Health Officer

mch 2/22 No. 399

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 and extracts from the laws on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less correct; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 30 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Sante," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbed, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County EssexState Mass.City or Town DanversNo. Danvers State Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 41
(City or town) Danvers
(Place of death)Registered No. 27
(Place of residence)2 FULL NAME Daniel Thurston

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.
(Usual place of abode)City or Town Winthrop No. St. Ward Length of residence in city or town where death occurred years months 13 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCannot be learned6 DATE OF BIRTH (month, day, and year) Cannot be learned

7 AGE

73

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Sailor

(b) Name of employer

9 BIRTHPLACE (city or town)
(State or country)North Haven
Me.

PARENTS

10 NAME OF FATHER Solomon Thurston11 BIRTHPLACE OF FATHER (city or town)
(State or country)Camden
Me.12 MAIDEN NAME OF MOTHER Jane Calderwood13 BIRTHPLACE OF MOTHER (city or town)
(State or country)North Haven
Me.14 Informant Custis Roch

(Address)

Hathorne, Mass.15 Filed 3-3-, 1922C. R. Benson
Registrar of city or town where death occurredFiled Mar 9, 1922

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28, 1922.17 I HEREBY CERTIFY, That I attended deceased from
Feb. 15, 1922, to Feb. 28, 1922that I last saw him alive on Feb. 28, 1922and that death occurred, on the date stated above, at 12.45A hr.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia "primary"(duration) yrs. 3 mos. ds.CONTRIBUTORY
(SECONDARY)(duration) yrs. mos. ds.18 Where was disease contracted
if not at place of death?Did an operation precede death? no Date of Was there an autopsy? yesWhat test confirmed diagnosis? autopsy(Signed) Harvey M. Watkins, M.D.Address Hathorne, Mass.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn Everett

DATE OF BURIAL

3/2 1922

20 UNDERTAKER

C. R. Benson

ADDRESS

Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningea, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . .* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 28 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACLS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb 20, 1922, to Feb 28, 1922

that I last saw her alive on Feb 28, 1922,

and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH was as follows:

Chronic Intestinal Hepatitis

CONTRIBUTORY
(SECONDARY)

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Primal Tebration

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

Official
positionDate of
issue
of permit

Permit

No. 398

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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Artist, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Toreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaei, etc.*, *Carcinoma, Sarcoma, etc.*, of..... (name origin); "Cancer" is less desirable; avoid use of "Tumor" for malignant neoplasms; *Neckles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Neckles* (disease causing death), *29 days*; *Bronchopneumonia* (secondary), *10 days*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any of her necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death.

—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths un-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
City or Town **Boston**

Registered No. **2030**

(Place of death)

Registered No. **28 54**
(Place of residence)

No. **MASS. HOMES. HOSPT.** St. **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

SAMUEL NATH
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. State **MASS.** City or Town **WINTHROP** No. **46 HAWTHORNE** St. **St.**
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**

16 DATE OF DEATH (month, day, and year) **FEB. 28** 19 **22**

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

JENNIE

17 I HEREBY CERTIFY, That I attended deceased from
FEB. 21 19 **22** to **FEB. 27** 19 **22**

that I last saw him alive on **FEB. 27** 19 **22**

and that death occurred, on the date stated above, at **4.14 P** m.
The CAUSE OF DEATH* was as follows:

6 DATE OF BIRTH (month, day, and year) **-----**
7 AGE Years Months Days If LESS than 1 day, hrs. or min.
60

CARCINOMA OF RECTUM

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED **FRUIT DEALER**
(a) Trade, profession, or particular kind of work
(b) Name of employer

(duration) yrs. mos. ds.

9 BIRTHPLACE (city or town) **AUSTRIA**
(State or country)

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

10 NAME OF FATHER **SIMON**

18 Where was disease contracted if not at place of death?

11 BIRTHPLACE OF FATHER (city or town) **AUSTRIA**
(State or country)

Did an operation precede death? **YES** Date of **FEB. 23** 19 **22**

12 MAIDEN NAME OF MOTHER **ROSE** **-----**

Was there an autopsy?

13 BIRTHPLACE OF MOTHER (city or town) **AUSTRIA**
(State or country)

What test confirmed diagnosis?
H.M. POLLOCK
(Signed) **H.M. POLLOCK**, M.D.
19 **22** (Address) **FEB. 28**

14 Informant **J. STENGEL**
(Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **WOBURN (AUSTRIAN CEM)** DATE OF BURIAL **FEB. 28** 19 **22**

15 Filed **MAR. 2** 19 **22** **EDM. Glenen**
Registrar of city or town where death occurred
Filed **MAR. 25** 19 **22**
Registrar of city or town where deceased resided

20 UNDERTAKER **MANUEL STANETSKY** ADDRESS

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the diseases causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name organ); "Cancer" is less desirable; avoid use of "Tumor" for malignant neoplasms; *Neckles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely syn tomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Tebility" ("Congestive," "Senile, etc."), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness, etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

— He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or Town)
Registered No. 29

City or Town

No. *Winthrop* St. *Winthrop* Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. *19 Legmore St.* St. *Winthrop* Ward. *Winthrop*
(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb 24, 19*22*, to *March 1*, 19*22*that I last saw *her* alive on *March 1*, 19*22*,and that death occurred, on the date stated above, at *7 a* m.

The CAUSE OF DEATH was as follows:

premature birth 7 mos.

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

Official
positionDate of
issue

of permit

Permit

No.

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 and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualifier, indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

carefully supplied. AGE should state 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea

(City or town)

Registered No. 129

(Place of death)

Registered No. 30

(Place of residence)

1 PLACE OF DEATH

County Suffolk

State Mass.

City or Town Chelsea

No. Lafayette Hospital

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Grover H. Cillis

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.

City or Town Winthrop No. 432 Revere

St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 2 1888

7 AGE

Years

Months

Days

If LESS than

33

3

1

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Watchmaker

(b) Name of employer

9 BIRTHPLACE (city or town) Pawtucket, R.I.
(State or country)

10 NAME OF FATHER Robert Cillis

11 BIRTHPLACE OF FATHER (city or town) St. Albans
(State or country) Vt.

12 MAIDEN NAME OF MOTHER Minnie Perkins

13 BIRTHPLACE OF MOTHER (city or town) Springfield, N.Y.
(State or country)

14 Informant Robert Cillis
(Address) Winthrop

15 Filed Mar. 3 19 22

Registrar of city or town where death occurred

Filed April 10, 1922

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 3 19 22

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1922 to Mar. 3, 1922

that I last saw him alive on Mar. 3, 1922

and that death occurred, on the date stated above, at 2.30 P.M.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

John M. Doren

M.D.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop, Winthrop

19

20 UNDERTAKER

C.H. France

ADDRESS

Chelsea

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesenteric*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric affection causing death, 39 da.*; *Bronchopneumonia (secondary)*, *Mesenteric* (disease causing death), *39 da.*; *Bronchopneumonia*, such as *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely syn. *tomatic*), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebly" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Ward

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

6 years

X months X

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

16 DATE OF DEATH

March

6th

1922

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Kathleen T. Cozens

6 DATE OF BIRTH

Jan 19 - 1876

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

46

1

17

1 day,.....hrs.

or.....mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Salem Co. Police

(b) Name of employer

Salem & Sons - Port-Main

9 BIRTHPLACE (City)

(State or country)

Phila Pa

10 NAME OF
FATHER

Samuel Cozens

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Phila Pa

12 MAIDEN NAME
OF MOTHER

Elizabeth Creppin

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Phila Pa

14

Informant

(Address)

Kathleen T. Cozens
252 Waverly St. Dine

15

Filed

(Month) (Day) (Year)

Mar 9 1922

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

17

I HEREBY CERTIFY, That I attended deceased from

Feb 24, 1922, to March 6, 1922

that I last saw him alive on

March 5, 1922

and that death occurred, on the date stated above, at 4. A. M.

The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

Bronchial Asthma

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed)

William J. Porter

M.D.

(Address)

Waverly, Mass.

Date

March 7th 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Waverly, Camels

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 8-22

ADDRESS

20 UNDERTAKER

C. R. Bennett

Official
positionDate of
issue of
permit

Mar 7-22 No. 402

Permit
No.

should be carefully compared with the laws on back of certificate. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative lifefulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *At home*, and children, not gainfully employed, as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *If dropping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d day*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

~~Worcester~~ *Suffolk*State *Mass.*

Registered No.

33

City or Town

*Winthrop*No. *25**Harbor View Ave.*

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ida Ridgway

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *25 Harbor View Ave.*

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

XX *6*

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Widowed*

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*George P. Ridgway.*6 DATE OF BIRTH *June 11, 1855.*

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

*66**8**23*

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*At Home.*

(b) Name of employer

9 BIRTHPLACE (City) *Boston, Mass.*

(State or country)

PARENTS

10 NAME OF
FATHER*William H. Skinnings*11 BIRTHPLACE OF
FATHER (City)*Halifax, N.S.*

(State or country)

12 MAIDEN NAME
OF MOTHER*Catherine E. Hartshorne*13 BIRTHPLACE OF
MOTHER (City)*Boston, Mass.*

(State or country)

14

Informant

(Address)

Ethelind J. Ridgway
25 Harbor View Ave. Winthrop, Mass.

15

Filed

Mar. 27, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

*March**6**1922*

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

*Nov 7**1921*

to

*Mar 6**1922*that I last saw ~~her~~ *her* alive on *Feb 21*, 1922and that death occurred, on the date stated above, at *2:45* a. m.

The CAUSE OF DEATH was as follows:

Cerebral Paralysis

(duration)

yrs.

4

mos.

10

ds.

CONTRIBUTORY

(SECONDARY)

arterio Sclerosis

(duration)

yrs.

2

mos.

10

ds.

18 Where was disease contracted

if not at place of death?

at home

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Clinical

(Signed)

Charles O. Thompson, M.D.

(Address)

179 Beacon St.

Date

March 6

(Month)

(Day)

(Year)

1922

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Walnut Hill, Brookline,

(Cemetery)

(City or town)

DATE OF BURIAL

Mar. 9, 1922

20 UNDERTAKER

Albert J. Walton

ADDRESS

Worcester, Mass.

Official

position

Date of

issue

Mar 7

Permit

No.

401

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housekeeper*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

(City or Town)

City or Town

Winthrop

No.

Winthrop St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Fred. Harris Standish

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

4350 Washington

(Usual place of abode)

St.

Ward.

23 Rosendale

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

14

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Elnora Fossitt Standish

6 DATE OF BIRTH

May 20 1865

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

56

9

15

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Manager Trusting Co

(b) Name of employer

Nealey Freight Ex

9 BIRTHPLACE (City)

Waldoboro

(State or country)

Me

PARENTS

10 NAME OF
FATHER

Myles Standish

11 BIRTHPLACE OF
FATHER (City)

Waldoboro

(State or country)

Me

12 MAIDEN NAME
OF MOTHER

Mary Creamer

13 BIRTHPLACE OF
MOTHER (City)

Waldoboro

(State or country)

Me

14

Informant

Elnora Fossitt Standish

(Address)

4350 Washington St Rosendale

15

Filed

Mar 27 1922

(Month)

(Day)

(Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

16 DATE OF DEATH

Mar

7

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb 21, 1922, to Mar 7, 1922

that I last saw him alive on Feb 7, 1922

and that death occurred, on the date stated above, at 3:35 m.

The CAUSE OF DEATH was as follows:

acute myocarditis following
influenza

(duration).....yrs.....mos. 14 ds.

CONTRIBUTORY
(SECONDARY)

chronic myocarditis

(duration).....yrs.....mos.....ds.

18 Where was disease contracted
if not at place of death?

4350 Washington St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed).....M.D.

(Address)

Date.....1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

3/9-22

ADDRESS

20 UNDERTAKER

C. R. O'Connor

Official
position

Health Officer

Date of
issue
of permit

3/8/22

Permit

No. 403

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 and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plowman*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite); avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary). 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or of her authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

35

City or Town

Winthrop

No.

13 Wicksie

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John T. Wicksie

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

13 Wicksie

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Emma Wicksie

6 DATE OF BIRTH

Cannot be learned

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hs.

or.....min.

65

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Boasting Engineer

(b) Name of employer

9 BIRTHPLACE (City)

England

(State or country)

10 NAME OF
FATHER

Cannot be learned

11 BIRTHPLACE OF
FATHER (City)

England

(State or country)

12 MAIDEN NAME
OF MOTHER

Cannot be learned

13 BIRTHPLACE OF
MOTHER (City)

England

(State or country)

14 Informant

Harry Wicksie

(Address)

13 Wicksie St

15

Filed

Mar 27 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 8

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

March 7, 1922, to March 8, 1922

that I last saw him alive on March 8, 1922

and that death occurred, on the date stated above, at 2:40 p.m.

The CAUSE OF DEATH was as follows:

Carcinoma of lung (meta-
static)

(duration).....yrs.....mos.....ds.

CONTRIBUTORY

Hemiplegia with effusion

(SECONDARY)

(duration).....yrs.....mos.....ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death?

yes

Date of 1922

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

J. Wicksie

M.D.

(Address)

35 Winthrop St

Date

March 9 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 27 1922

20 UNDERTAKER

ADDRESS

John H. Macey

Official
position

M.D. Officer

Date of
issue
of permit

Mar 9/22

Permit
No.

404

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* or *At home*), and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin). "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Premia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as for the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk
Winchest

State

Mass

Registered No.

36

City or Town

No. 150 Quincy Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Henry Dexter Wotton

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

150 Quincy Ave

St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

1 1/2 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Lena May Wotton

6 DATE OF BIRTH

July 7

(Month)

1869 (Year)

7 AGE

Years

Months

Days

If LESS than

5-2

8

3

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Carm. Man

(b) Name of employer

B. & M. R. R.

9 BIRTHPLACE (City)

Waldenboro

(State or country)

Me

10 NAME OF
FATHER

Eben. W. Wotton

11 BIRTHPLACE OF
FATHER (City)

Waldenboro

(State or country)

Me

12 MAIDEN NAME
OF MOTHER

Lena Manning

13 BIRTHPLACE OF
MOTHER (City)

Waldenboro

(State or country)

Me

14

Informant

Wife - Lena M. Wotton

(Address)

150 Quincy Ave Winchest

15

Filed

Mar. 27, 1922
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

J. P. Mower

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 10, 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

March 1, 1922, to March 10, 1922

that I last saw him alive on

Mar. 9th

1922

and that death occurred, on the date stated above, at

8.4 a.m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration)

yrs.

mos.

8 ds.

CONTRIBUTORY

(SECONDARY)

Pleurisy

(duration)

yrs.

mos.

9 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death?

no. Date of

Was there an autopsy?

no

What test confirmed diagnosis?

clinical

(Signed)

William J. Porter

, M.D.

(Address)

Winchester, Mass.

Date

March 11, 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Pine Grove Cemetery, Mass

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 12, 1922

20 UNDERTAKER

O. R. Beaman

ADDRESS

Winchester

Official
position

Health Officer

Date of
issue

of permit

3/11/22

Permit

No. 425

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation,) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meninges* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Assthemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-fection," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscer-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application, make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

—*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

37

City or Town

Winthrop ~~Boston~~

No.

5 Pearl Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Robert C. Daly

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

5 Pearl

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

4

years

7

months

1

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Aug 11 1911

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

4

7

7

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Winthrop

Mass

10 NAME OF
FATHER

Robert C. Daly

11 BIRTHPLACE OF
FATHER (City)

Boston

(State or country)

Mass

12 MAIDEN NAME
OF MOTHER

Elizabeth D. Nagle

13 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

Mass

14

Informant

Robert C. Daly
5 Pearl Ave Winthrop

(Address)

15

Filed

Mar. 27, 1922

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 12, 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

March 7, 1922, to Mar. 12, 1922

that I last saw him alive on

Mar. 12, 1922

and that death occurred, on the date stated above, at 7:50 p. m.

The CAUSE OF DEATH was as follows:

Influenza at Laryngeal Diphtheria

(duration) yrs. mos. 5 ds.

CONTRIBUTORY
(SECONDARY)

Laryngitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

Clinical

(Signed)

William J. Porter

M.D.

(Address)

Winthrop, Mass.

Date

Mar. 16, 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Mar. 14-1922

20 UNDERTAKER

J. F. Cassidy Boston

ADDRESS

Official
position

Health Officer

Date of
issue

3/16/22

Permit

No. 46

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S. R. Mayry

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer* — *Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not finally employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Meselas*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meselas* (disease causing death), 29 *da.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, kangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.**

(2) **Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.**

(3) **Medical examiners will investigate and certify to all deaths supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

38

City or Town

Winthrop
Boston

No.

36 Trident Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lawrence J. Kiernan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

36 Trident Ave

City

Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mary E. Kiernan

6 DATE OF BIRTH

Oct 11 - 1868

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

53

5

1

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Salesman

(b) Name of employer

9 BIRTHPLACE (City)

Boston
Mass

(State or country)

10 NAME OF
FATHER

Lawrence Kiernan

11 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

12 MAIDEN NAME
OF MOTHER

Johnna Connor

13 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

14 Informant

(Address)

Mrs. Mary E. Kiernan
36 Trident Ave

15

Filed Mar 27 1922
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

S. A. Mowry

Official
position

Health Officer

Date of
issue
of permit

3/16/22 No. 407

Permit

should be carefully supplied. All should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic adicular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infan-tion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died! . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 58 (City or town)
City or Town Weymouth Registered No. 58 (Place of residence)
No. Hyatt St. Ward 1
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William J. Thompson
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. State Mass. City or Town Weymouth No. 12 St. Hyatt
(Usual place of abode)

Length of residence in city or town where death occurred years 2 months 27 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 6, 1899

7 AGE 23 Years 1 Months 7 Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) Name of employer

9 BIRTHPLACE (city or town) Boston
(State or country) Mass.

PARENTS

10 NAME OF FATHER John W. Thompson

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Edward

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant State Sanatorium
(Address)

15 Filed Mar. 14, 1922 Registrar of city or town where death occurred
Filed Apr. 14, 1922 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 13, 1922

17 I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1922, to Mar. 13, 1922, that I last saw him alive on Mar. 1, 1922, and that death occurred, on the date stated above, at 12-15 p.m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Pneumonia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) Robert J. Taylor, M.D.
13, 1922 (Address) Weymouth

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Kenilworth Mar. 16, 1922
West Roxbury

20 UNDERTAKER ADDRESS

Weymouth Weymouth

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of _____ (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 cs; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) **Cases for the Medical Examiners.**—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

39

City or Town

Winthrop

No.

Metals Hospital 174 St. 1 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Stillborn Scott.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

26 Beacon St.

St.

Ward.

Winthrop Mass.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male White

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

S

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

March 16 -

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

Stillborn.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Winthrop Mass.

10 NAME OF
FATHER

Israel Scott

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

12 MAIDEN NAME
OF MOTHER

Ruth Lath

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

14

Informant

Israel Scott.

(Address)

26 Beacon St. Winthrop

15

Filed Mar. 27/1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March

16

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

March 16, 1922 to March 16, 1922.

that I last saw him alive on March 16, 1922.

and that death occurred, on the date stated above, at 8:10 A.M.

The CAUSE OF DEATH was as follows:

Stillborn

Breech presentation.

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? no respiration or weak action

(Signed) Albert Ashin, M.D.

(Address) 32 West 1st St. W. P.

Date March 16, 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Emerald St. Norburn Mass

(Cemetery)

(City or town)

DATE OF BURIAL

March 16-1922

20 UNDERTAKER

Jacob H. Levine

ADDRESS

57 Fowles St. W. P.

Official
position

Health Officer

Date of
issue
of permit

March 16/22

Permit

No. 408

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archdeacon, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *Servant, Cook, Housemaid, etc.* If the occupation has been officially the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *99 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthemia," "Anemia" (merely symptomatic), "Atrophy," "Senile," "lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 382.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 28, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea
(City or town)

Registered No. 180

(Place of death)

Registered No. 40

(Place of residence)

St. Ward

1 PLACE OF DEATH

County Suffolk State Mass.

City or Town Chelsea No. Frost Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Adams

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 148 Bartlett Rd. St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 17, 1922

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here Stillborn

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (city or town) Chelsea
(State or country)

10 NAME OF FATHER Edward B. Adams

11 BIRTHPLACE OF FATHER (city or town) Milford
(State or country)

12 MAIDEN NAME OF MOTHER Mary E. Nelson

13 BIRTHPLACE OF MOTHER (city or town) Halifax
(State or country)

14 Informant Edward B. Adams
(Address) 148 Bartlett Rd., Winthrop

15 Filed Mar. 17, 1922 Registrar of city or town where death occurred

Filed Apr. 10, 1922 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 17 1922

17 I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1922, to March 17, 1922,

that I last saw him alive on 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Stillborn--Premature

(duration) yrs. mos. ds.

CONTRIBUTORY Malaria of Lobar
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. A. Kelly M.D.
17/22 (Address) 200 Pleasant St., Winthrop

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross, Malden

20 UNDERTAKER

John F. O'Malley

DATE OF BURIAL

Mar. 18, 1922

ADDRESS

Winthrop

max. 17.1322

[Approved by U. S. Census and American Public Health Association]

**EXTRACTS
FROM THE LAWS OF THE
HEALTH OF MASSACHUSETTS
GOVERNING THE**

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal miner*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant origin; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *neoplasm*; *Neuritis*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *g.d.s.*; *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely syn. *anemic*), "Congestive," "Sonic," "Coma," "Convulsions," "Lebility" ("Congenital," "Inappetence," "Exhaustion," "Heart failure," "Hemorrhage," "Tuberculosis," "Dropsy," "Rheumatism," "Hysteria," "Weakness," etc.), "Marasmus," "Old age," "Shock," "Uremia," "Wetness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, such as the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbed fever, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, peritonitis, plebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contricated, the duration of the last illness, when last seen alive by the physician or officer and the date of his death. — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . No such permit from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accomplished, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the bodies of only such persons as are supposed to have died by violence.
— *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.

—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to cause of injury, have died without recent medical attendance or to whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths **possibly** due to **injury**. These include not only deaths caused directly or indirectly by **trauma** (including resulting **septicemia**), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from **injury** or **infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wm. H. Smith
(City or Town)

1 PLACE OF DEATH

County

Chaffolk

State

Mass

Registered No.

41

City or Town

Worcester

No.

65 Freeman St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Mc Kenzie

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

65 Freeman St

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

7 years

months

days

How long in U. S., if of foreign birth?

25 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Married*5a If married, widowed, or divorced,
HUSBAND of
(or) WIFE of*Ellen Mc Kenzie*

6 DATE OF BIRTH

Mar 20 1848

(Month)

(Day)

(Year)

7 AGE

Years

74

Months

Days

If LESS than

1 day,..... hrs,

or..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Retired*

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Cohasset, Maine

10 NAME OF FATHER

Kenneth Mc Kenzie

11 BIRTHPLACE OF FATHER (City)

(State or country)

Cohasset, Maine

12 MAIDEN NAME OF MOTHER

James Mc Kenzie

13 BIRTHPLACE OF MOTHER (City)

(State or country)

Cohasset, Maine

14

Informant

Lauretta Mrs Campbell

(Address)

16 Madison Ave Worcester

15

Filed

Mar 28 1922

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 19 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

14 Mar 1922, to 19 Mar 1922

that I last saw him alive on

19 Mar 1922

and that death occurred, on the date stated above, at

4:30 p.m.

The CAUSE OF DEATH was as follows:

*Myocarditis
Broncho pneumonia*

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*

What test confirmed diagnosis?

clinical exam

(Signed)

Wm H Smith

M.D.

(Address)

174 W Main St Worcester

Date

Mar 20

(Month)

(Day)

(Year)

1922

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Worcester Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 21 1922

20 UNDERTAKER

Wm H Smith

ADDRESS

Worcester

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position

Wm H Smith

Date of issue

3 22 22

Permit

Permit

No.

41

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 and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colon mill*; (a) *Salesman*, (b) *Foreman*; (a) *Automobile factory*, (b) *Foreman*; (a) *Manager*, (b) *Dealer*; etc., without return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* report "Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness of disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER

11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

22

(Day)

1922

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

1 year

1920, to

Feb 22

1922

that I last saw him alive on

Feb 22

1922

and that death occurred, on the date stated above, at

7:45 p. m.

The CAUSE OF DEATH was as follows:

Chronic Endocarditis mitral
valve. Also Myocarditis

(duration) 1 yrs.

mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs.

mos. ds.

18 Where was disease contracted
if not at place of death?

not known

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

W. M. M. M.

M.D.

(Address)

124 W. M. M. M.

Date

Feb

23

1922

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

March 19 22

20 UNDERTAKER

ADDRESS

Frank E. Brown E. Boston

Official

position

Date of

issue

of permit

Feb 20

Permit

No.

413

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

413

City or Town

Boston

No. 22

Other

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ridgit Sarah Thompson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 22

Other

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Andrew Thompson

6 DATE OF BIRTH

Aug 14 1884
(Month) (Day) (Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Housewife
Boston

9 BIRTHPLACE (City)

(State or country)

Boston
Mass10 NAME OF
FATHER

John Lyons

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

12 MAIDEN NAME
OF MOTHER

Catherine Madden

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

14

Informant

(Address)

John Coffey
Home address 222 1/2 St.

15

Filed

(Month) (Day) (Year)

Mar 28 1922

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J. W. Murray
J. W. Murray

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March

22

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

June 1922, to March 22 1922

that I last saw him alive on March 22, 1922,

and that death occurred, on the date stated above, at 1:00 p.m.

The CAUSE OF DEATH was as follows:

Older age & lungs

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Chronic nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

March

23

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Holy Cross

Boston

March 24, 1922

20 UNDERTAKER

ADDRESS

C. B. Rollins

C. Boston

Official
position

Health Officer

Date of
issue

of permit

3 24 22

Permit

No. 4

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his quieted by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . has received a permit from the board of health or its agent . . . No such permit from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is certified by a medical examiner shall make such certi-

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a dead body until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such board, from the clerk of the town where the person died: . . . shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or claim who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make by the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examinations of the bodies of only such persons as are supposed to have died by violence.

He shall in all cases certify to the town clerk of the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death

Gen. Laws, Chap. 38, Sec. 7

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such causes only persons to whom they have given bedside care during a last illness unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only from disease occurring in persons who, though disabled by those of persons who, though disabled by recent medical attendance to any form of injury, have died without recent medical attendance whose physician is absent from home when the certificate of death is needed.

(3) *Medical examiner* will investigate and certify to an officer of the health department whether a death was **possibly** due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by action of chemical (drugs or poisons), thermal, or electrical agents, a death following abortion, but also deaths from **disease resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

will certify to such deaths only:

(3) **MEDICAL EXAMINATIONS**—These include not only deaths caused directly

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchot

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

411

City or Town

Winchot

No.

274 Bowdoin St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frances Fox Grosvenor

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

274 Bowdoin St

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

12 years*x* months*x* days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Single*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Sept 17 = 1880

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

*41**6**5*

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*at home*

(b) Name of employer

9 BIRTHPLACE (City)

Peabody

(State or country)

*Mass*10 NAME OF
FATHER*Daniel Prescott Grosvenor*11 BIRTHPLACE OF
FATHER (City)*Paxton*

(State or country)

*Mass*12 MAIDEN NAME
OF MOTHER*Mary Smith*13 BIRTHPLACE OF
MOTHER (City)*Woodstock*

(State or country)

Vermont

14

Informant

Mrs. M. S. Grosvenor (Mother)

(Address)

274 Bowdoin St Winchot Mass

15

Filed

Mar 25 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued*S. P. Grosvenor*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 22 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

*July 10 1922 to March 22 1922*that I last saw him alive on *Mar 22 1922*and that death occurred, on the date stated above, at *3:45 P* m.

The CAUSE OF DEATH was as follows:

*Septic Endocarditis*CONTRIBUTORY
(SECONDARY)*Chronic Valvular* (duration) *2* yrs. *2* mos. *—* ds.18 Where was disease contracted
if not at place of death?*Leont Sisson* (duration) *2* yrs. *—* mos. *—* ds.

Did an operation precede death?

*no*Date of *—*

Was there an autopsy?

no

What test confirmed diagnosis?

Clinical

(Signed)

Orville E. Johnson, M.D.

(Address)

Winchot Mass

Date

Mar 23 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winchot

(Cemetery)

Winchot (City or town)

DATE OF BURIAL

Mar 25 1922

20 UNDERTAKER

E. J. Fennell

ADDRESS

*Winchot*Official
position*Registrar*Date of
issue of permit*3/20/22*

Permit

No. *411*

PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral pneumonia* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never mention "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Heart failure," "Hemorrhage," "Intoxication," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, where last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

North
(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 79 Johnson Ave
(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

27 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

at home

9 BIRTHPLACE (City)

(State or country)

Provincetown
Mass10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

John. Keeffe
Provincetown
Mass12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Mary Cummings
Provincetown
Mass

14

Informant
(Address)Mrs. Alice May 79
79 Johnson Ave

15

Filed

Mar 28 1922
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March

23

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

January

1922

to March 20

1922

that I last saw him

alive on

March 20

1922

and that death occurred, on the date stated above, at

9:40 P.M.

The CAUSE OF DEATH was as follows:

Coronary Disease of heart
Angina Pectoris

CONTRIBUTORY

(SECONDARY)

Arteriosclerosis

(duration)

2 yrs.

3 mos.

3 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Physician's report

(Signed)

D. J. Keefe

D. J. Keefe

M.D.

(Address)

100 W. 1st St. Provincetown

Date

March

24

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

Winchit

Winchit

DATE OF BURIAL

Mar 26 - 1922

20 UNDERTAKER

E. J. Keefe

ADDRESS

Winchit

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

D. J. Keefe

Official
position

D. J. Keefe

Date of
issue of permit

7/23/22

Permit

No. 41

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 and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill*; (a) *Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never *meningitis*); "Typhoid pneumonia"; *Lobar pneumonia*; *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., etc.* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant origin; "Cancer" is less definite; avoid use of "Tumor" for malignant origin; *Whooping cough, Chronic valvular heart disease, neoplasms*); *Meningitis*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meningitis* (disease causing death), 80 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia," "Debility," "Congenital," "Senile," "Lapses," "Coma," "Convulsions," "Heart failure," "Hemorrhage," "Insipid," "Dropsy," "Exhaustion," "Shock," "Uremia," "Weakness," "Intoxication," "Marasmus," "Old age," "Stroke," etc. Always state, when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make true certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. (Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

22 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

1916

, 19

to

Jul 25

, 1922

that I last saw him alive on

Jul 25

, 1922

and that death occurred, on the date stated above, at

630 p.m.

The CAUSE OF DEATH was as follows:

Fiber Fibroids multiple of uterus
Hippie

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

(mos. 21 ds.

18 Where was disease contracted
if not at place of death?

within

Did an operation precede death? yes

Date of

Jul 24th 22

Was there an autopsy? no

What test confirmed diagnosis?

operation

(Signed)

B. J. Metcalf

, M.D.

(Address)

174 W. Main St. Waltham Mass

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winchest

(Cemetery)

(City or town)

DATE OF BURIAL

3/27-1922

20 UNDERTAKER

C. R. Bennett

ADDRESS

Winchestr

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
position

Health Officer

Date of
issue

of permit

3/27/22

Permit

No. 414

should be 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 and extracts from the laws on back of certificate.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 40, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or a selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is

caused by violence, the medical examiner shall ascertain the cause of death, and the physician shall certify the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness of some disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

or indirectly by ultraviolet rays, thermal, or electric agents; the action of chemical (drugs or poisons), from disease resulting from death following abortion, but also death from the sudden death of injury or infection related to occupational disease, and those of persons persons not disabled by recognized disease, and those of persons found dead.

should be 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

47

City or Town

Boston

No.

St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William Fingwell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 38 Underhill
(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Annie Fingwell

6 DATE OF BIRTH

Mar

24

1859

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

62

4

3

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Shipbuilder

9 BIRTHPLACE (City)

(State or country)

Prine Edward Island

PARENTS

10 NAME OF
FATHER

Charles Fingwell

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Prine Edward Island

12 MAIDEN NAME
OF MOTHER

Elizabeth Fingwell

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Prine Edward Island

14

Informant

(Address)

38 Underhill St. Wintthrop

15

Filed

April 1, 1922
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J. A. Mawry

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March

27

1922
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from

Mar 1, 1922 to Mar 27, 1922

that I last saw him alive on Mar 26th, 1922

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH was as follows:

Chronic Nephritis

(duration) 4 yrs. 7 mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? FOR WHAT? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

George M. Muttart

M.D.

(Address)

118 Princeton St. Boston

Date

March 29, 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Prine Edward Island
(Cemetery)

(City or town)

DATE OF BURIAL

(Month) (Day) (Year)

20 UNDERTAKER

C. J. Berlin

ADDRESS

118 Princeton St. Boston

Official position

Health Officer

Date of
issue
of permit

3/30/22

Permit

No. 415

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (d) *Grocery*; (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in a definite salary, may be held only (not paid) *Housekeepers* who receive a definite salary, may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin, *Cancer* is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . No such permit from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a phys-ician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death.

— *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

48

City or Town

Winthrop

No.

79 Freeman

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lucy Desjardins

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

79 Freeman

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

21 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

of Adolphe Desjardins

6 DATE OF BIRTH

Nov 24 - 1881

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

70

4

5

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER

unable to obtain

11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

Emanuel English

(Address)

79 Freeman St. - Winthrop

15

Filed

April 1, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S. T. Murray

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar

29

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Mar 27, 1922, to Mar 29, 1922

that I last saw her alive on Mar 29, 1922

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH was as follows:

Myocarditis following chronic
intermittent nephritis of
chronic uraemic sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

acute myocarditis

uraemic

(duration) yrs. mos. 14 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Clinical

(Signed)

J. N. Mitchell

M.D.

(Address)

174 North Winthrop Mass

Date

Mar

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Mass

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 31 - 1922

20 UNDERTAKER

B. L. Murray

ADDRESS

174 North Winthrop

Official
position

Health Officer

Date of
issue of
permit

5/3/22

Permit

No. 412

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Strimmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Tuberculosis of lungs*, men- ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, men- inges, peritoneum, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marsupium," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer- peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com- mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri- mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar- riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re- quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory cer- tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer- tificate. . . . The person to whom the permit is so given and the physi- cian certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 11A, Sec. 45.*

Medical examiner shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other- wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup- posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

49

City or Town

Boston

No.

Metcalfe Hospital St. Ward

2 FULL NAME

Mary J. Boyle

(a) Residence. No.

(Usual place of abode)

22 Ashley St. East Boston, Mass

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

March 31, 1922

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or 3 min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

None

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Winthrop, Mass

10 NAME OF
FATHER

Francis W. Boyle

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Cambridge, Mass

12 MAIDEN NAME
OF MOTHER

Josephine M. Cohen

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

East Boston, Mass

14

Informant

(Address)

Francis W. Boyle

22 Ashley St. East Boston

15

Filed

April 1, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J. A. Mayne

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 30 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Mar 30, 1922

that I last saw him alive on 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Strangulated cord -
full term - forcep
delivery

(duration) 3 minutes

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death? FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

E. B. Smith

M.D.

(Address)

22 Ashley St.

Date

Mar 30 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

Holy Cross Malden

(City or town)

DATE OF BURIAL

Mar 31, 1922

20 UNDERTAKER

William G. Heaner

Official
position

Health Officer

Date of
issue

3/31/22

Permit

No.

49

7114498
 Revised
 30 1922
 REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "meningitis"); *Typhoid pneumonia*; *Bronchopneumonia* report "Typhoid pneumonia"; *Lobar pneumonia*; *Tuberculosis of lungs*, never ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, meninges, peritonaeum, etc.; *Carcinoma*, *Sarcoma*, etc., of..... (name origin, *peritonaeum*, etc.; avoid use of "Tumor" for malignant origin; "Cancer" is less definite; avoid use of "Tubercular heart disease"; *Neoplasm*). *Menses*: *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asplenia," "Anemia" (merely symptomatic), "Atrophy," "Lapse," "Coma," "Convulsions," "Debility," "Congenital," "Saddle," "Erection," "Exhaustion," "Heart failure," "Hemorrhage," "Inflammation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
 FROM THE LAWS OF THE
 COMMONWEALTH OF MASSACHUSETTS
 GOVERNING THE
 RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, he is insufficient, a physician obtained early enough for the purpose, or is employed by it or who is a member of the board of health, or employed by it or the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*
 He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or Town)

1 PLACE OF DEATH

County Suffolk
City or Town WentworthState MassRegistered No. 55No. 84, Herron St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Lucinda Floyd

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 84 Herron

St. _____ Ward _____

(If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLucius Floyd6 DATE OF BIRTH Nov 27 1841
(Month) (Day) (Year)7 AGE Years 80 Months 4 Days 7 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employerAt Home9 BIRTHPLACE (City)
(State or country)Brooklyn N.Y.

PARENTS

10 NAME OF FATHER James G. Asborn11 BIRTHPLACE OF FATHER (City)
(State or country) Long Island N.Y.12 MAIDEN NAME OF MOTHER Mary E. Womb13 BIRTHPLACE OF MOTHER (City)
(State or country) N. York14 Informant Charles P. Floyd
(Address) Wentworth Mass15 Filed Apr 18 1922
(Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 3 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 1910, 19____, to April 3 1922 that I last saw h. 12 alive on April 3 1922 and that death occurred, on the date stated above, at 5:50 P. m.

The CAUSE OF DEATH was as follows:

Chronic myocardiitis
chronic angina (secondary to what unknown)
(duration) 2-3 yrs. mos. _____ ds. _____CONTRIBUTORY
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds. _____

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) B. Monteath, M.D.(Address) 174 W. WentworthDate April 4 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wentworth
(Cemetery)Wentworth
(City or town)

DATE OF BURIAL

April 5-22

20 UNDERTAKER

Frank E. Brown

ADDRESS

East BostonOfficial position Wentworth Date of issue of permit 4-22 Permit No. 418

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 and extracts from the laws on back of certificate.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, relating to the basis of his knowledge and belief the name of the deceased, his supposed age, the disease or diseases which he died, declared as required by section one, where same was contracted, the duration of the last illness, who last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws Chap. 46, Sec. 8*

has received a permit from the board of health or its agent No such permit from the clerk of the town where the person died No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . 3. satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make by the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness.

(2) **Board of Health Physicians** will certify to such deaths only as from disease immediately arising from the cause of death.

(3) **Medical examiners** will investigate and certify to all deaths **apparently** due to injury. These include not only deaths caused directly possibly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Tricase statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement, *Never return "laborer"*, "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gratuitously employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that have may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* report "Pneumonia," unqualify, s. indefinite; *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant origin; "Whooping cough"; *Chronic valvular heart disease*; *neuripnisms*; *Mesenteric*; *Wandering cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), *2d* *deg.*: *Bronchopneumonia* (secondary), *10* *deg.* Never report more symptoms or terminal conditions, such as "Asthma," "Anemia," "Convulsions," "Debility" ("Congenital," "Semile," "lapse," "Gout," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascribed as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal pyelitis," etc.

State cause for which surgical operation was performed: (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, such as the cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, peritonitis, plebitis, pyemia, septicemia, tetanus, toxemia, necrosis.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

57

City or Town

Boston

Winthrop

441

Winthrop St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Albert F. Teixeira

441 Winthrop St

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

441 Winthrop

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

6

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.
or min.

9

5

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

10 NAME OF
FATHER

Benjamin E.

11 BIRTHPLACE OF
FATHER (City)

East Boston

(State or country)

Mass.

12 MAIDEN NAME
OF MOTHER

Hortencia Silva

13 BIRTHPLACE OF
MOTHER (City)

East Boston

(State or country)

Mass.

14

Informant

Benjamin Teixeira

(Address)

441 Winthrop St

15

Filed

Apr 15 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

J. A. Maury

J. A. Maury

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 8 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

April 3

1922

to

19

that I last saw him alive on April 3, 1922

and that death occurred, on the date stated above, at 10:00 a.m.

The CAUSE OF DEATH was as follows:

Chronic Broncho-
pneumonia

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

D. B. Hurler

M.D.

(Address)

42 Chelsea St

E.B.

Date

April 9 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

Holy Cross Malden

(City or town)

DATE OF BURIAL

April 10/22

ADDRESS

E. B. Maury

20 UNDERTAKER

R. C. Kirby

Official
position

Health Officer

Date of
issue

4/10/22

of permit

Permit

No. 420

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 and extracts from the laws on back of certificate.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

Statement of occupation.—Precise statement of occupation is very important, as the healthfulness of various pursuits can be ascertained.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH, and, second, the CAUSE OF THE DISEASE (time and causation), using

Further surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

totaling

of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

Require — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examina-

— *Gen. Laws, Chap. 38, Sec. 7.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

of persons to whom they have been

needed.

found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

58

City or Town

Winthrop

No.

73 Plumma Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lucas Keefe

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

73 Plumma Ave

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH

Dec.

26

1919

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

2

3

14

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

10 NAME OF FATHER

John Keefe

11 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass

12 MAIDEN NAME OF MOTHER

Katherine Harvey

13 BIRTHPLACE OF MOTHER (City)

Waltham

(State or country)

Mass

14

Informant

(Address)

*John Keefe
73 Plumma Ave*

15

Filed

Apr 18 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S. A. Mowry

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April

9

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

3/24

1922

to

4/9

1922

that I last saw him alive on

4/9

1922

and that death occurred, on the date stated above, at

4 P. M.

The CAUSE OF DEATH was as follows:

Acidosis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

Enterocolitis

(SECONDARY)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

F. J. Kelly

M.D.

(Address)

200 Pleasant St.

Date

4

9

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Cathay

Boston

(Cemetery)

(City or town)

DATE OF BURIAL

4/11/22

20 UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

Official position

Health Officer

Date of issue of permit

4/11/22

Permit

No.

422

IN. 2. WHITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "I laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as *Asphyxia*, "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from the sudden deaths of injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.-WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

66 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

John George Tewkesbury

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

8

5

13

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Lidney Me

9 NAME OF
FATHER

Benjamin Allen Gardner

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Nantucket Mass

11 MAIDEN NAME
OF MOTHER

Sarah Susan Sprague

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Nantucket Mass

13

Informant

(Address)

Minnie Tewkesbury

282 Pleasant St. Winsted

14

Filed

(Month) (Day) (Year)

Apr 15 1922

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S. A. Mawry

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Mar. 13, 1922, to Apr. 9, 1922

that I last saw him alive on Apr. 9, 1922

and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH was as follows:

Rterio Sclerosis

Indefinite

(duration)

yrs.

mos.

ds.

CONTRIBUTORY Chronic Nephritis

(SECONDARY)

Indefinite

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

T. G. P. P. P.

M.D.

(Address)

218 Main

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Nantucket Mass

(Cemetery)

(City or town)

April 12 1922

19 UNDERTAKER

B. R. P. P. P.

ADDRESS

Winsted

Official
position

Health Officer

Permit

No.

4/11/22

421

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant origin; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *neoplasms*; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Infantile," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**Registered No. **3635**

(Place of death)

City or Town **Boston** No. **BOSTON DISPENSARY** St. **Ward**Registered No. **7**
(Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **MARGERY COUGHLIN**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **14 EDGEHILL ROAD-ST.**
(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SIN.**5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH (month, day, and year) **OCT. 24. 1921**7 AGE Years _____ Months **5** Days **16** If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (city or town) **WINTHROP**
(State or country)10 NAME OF FATHER **JOHN COUGHLIN**11 BIRTHPLACE OF FATHER (city or town) **BOSTON**
(State or country)12 MAIDEN NAME OF MOTHER **FRANCES SHEFFIELD**13 BIRTHPLACE OF MOTHER (city or town) **BOSTON**
(State or country)14 Informant **FATHER**
(Address)15 Filed **APR. 12** 1922 **E. W. M. Glenen**
Registrar of city or town where death occurred
Filed **May 25** 1922
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **APR. 9** 192217 I HEREBY CERTIFY, That I attended deceased from
APR. 1 1922, to **APR. 9** 1922,
that I last saw h. **ER** alive on **APR. 9** 1922,and that death occurred, on the date stated above, at **11.30P** m.
The CAUSE OF DEATH* was as follows:**BRONCHO-PNEUMONIA**

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY **MALNUTRITION**
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) **MAYNARD LADD** _____, M.D.
, 1922 (Address) **APR. 9**19 PLACE OF BURIAL, CREMATION, OR REMOVAL
EVERETT (WOODLAWN)DATE OF BURIAL
APR. 11 192220 UNDERTAKER
J. T. OMALEYADDRESS
WINTHROP

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mined only* (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or even up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, & yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc.; *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely syn tomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Eclampsia," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

12,321-

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(If not resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.
(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14 Informant

(Address)

15

Filed Apr 18, 1922
(Month) (Day) (Year)

REGISTRAR

21 Burial permit
issued byOfficial
position

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:

~~Under investigation (Medical)~~
Natural causes: dilatation of the
Heart, with oedema terminal,
of the lungs and of the Brain,
associated with glomerulo-
nephritis, chronic and acute.
(Sudden death)

(Expected on 14/22
818th)

(See reverse side for description for unknown person)

18 Where was injury sustained
if not at place of death?

(Signed)

George Burgess Magrath, M.D.

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

(Month) (Day) (Year)

20 UNDERTAKER

ADDRESS

Date of
issuePermit
No.

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Carroll County
April 10, 1922.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintthrop
BOSTON
(City or Town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 61
City or Town Wintthrop Boston No. 47 Locust St. 1 Ward 1
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joseph P. Munnery
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 47 Locust St. 1 Ward 1
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Margaret Munnery</u>		
6 DATE OF BIRTH (Month) (Day) (Year) <u>1885</u>		
7 AGE <u>48</u>	Years <u>48</u>	Months <u>-</u>
Days <u>-</u>	If LESS than 1 day.....hrs. or.....min.	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Foreman
(b) Name of employer

9 BIRTHPLACE (City)
(State or country)

Boston
Mass

10 NAME OF FATHER <u>Montague Munnery</u>
11 BIRTHPLACE OF FATHER (City) (State or country) <u>Wintthrop</u> <u>Mass</u>
12 MAIDEN NAME OF MOTHER <u>Ann Quinn</u>
13 BIRTHPLACE OF MOTHER (City) (State or country) <u>Ireland</u>

14 Informant M. L. Munnery
(Address) 203 River Road - Wintthrop

15 Filed Apr 15 1922
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S. P. Munnery

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4-16-22
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4-10-22 to 4-16-22, 19 22
that I last saw him alive on 4-14, 19 22
and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH was as follows:

Chronic Nephritis

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? Date of -

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Astell, M.D.

(Address) 200 Pleasant St.

Date 4-16-1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Mable
(Cemetery) (City or town)

DATE OF BURIAL

Apr. 16, 1922

20 UNDERTAKER

Geo. F. Fincham

ADDRESS

Boston, Mass.

Official position

Health Officer

Date of issue of permit

4/8/22

Permit

No. 423

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Leconicote engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Color mill*, (c) *Salesman*, (d) *Grocery*, (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not finally employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meningis* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 days. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Colicase," "Coma," "Convulsions," "Debility" ("Congential," "Senile, etc."), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Sec. 10 and 1, as amended by Acts of 1910, Chap. 382.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those the following rules of practice:
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Windsor
City or Town Northbrook

State Mass. Registered No. 62
(City or town)
No. 10 Beacon St. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lavania H. Small

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 10 Beacon St. Ward
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>James E. Small</u>		
6 AGE years <u>75</u>	Months	Days
If LESS than 1 day, hrs. <u>or</u> min.		

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer At Home

8 BIRTHPLACE (City)

(State or country) Huntington Long Island

PARENTS

9 NAME OF FATHER <u>Charles Sammis</u>
10 BIRTHPLACE OF FATHER (City) <u>Huntington</u>
(State or country) <u>L. I.</u>
11 MAIDEN NAME OF MOTHER <u>Cannot be learned</u>
12 BIRTHPLACE OF MOTHER (City) <u>Huntington</u>
(State or country) <u>L. I.</u>

13

Informant Mrs. Gibbs
(Address) 10 Beacon St. W.

14

Filed Apr 16 1922
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 17 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That ~~I attended~~ deceased from 19 to 19,
~~that I last saw him~~ alive on 10
~~and that death occurred, on the date stated above, at 10 A. M.~~
The CAUSE OF DEATH was as follows:

Acute myocarditis
Sudden death
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) Raymond B. Parker Physician, M.D.

(Address) Winthrop Blvd of Health

Date April 15 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Burial DATE OF BURIAL 4/19/22
(Cemetery) (City or town)

19 UNDERTAKER

John F. O'Neale ADDRESS Northbrook

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Official position State Officer Date of issue of permit 4/12/22 Permit No. 45

April 17, 1922

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (c) *Spinner*, (b) *Cotton mill*, (a) *Salemian*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or even up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Croup"); *typhoid fever* (never meningitis); *Diphtheria* (avoid uses of "Croup"); *typhoid pneumonia* (report "Typhoid pneumonia"); *Lobar pneumonia*; *Epidemic cerebrospinal* ("Pneumonia," unqualified, is indomitable); *Tuberculosis of lungs, meningitis, peritonæum, etc.*, *Cerebrum, Sarcoma, etc.*, of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meadles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meadles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphænia," "Anæmia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-
peral septicæmia," "Puerperal pyæmia," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary": If secondary, give primary cause.

Certificates will be returned for additional information which
 state any of the following diseases, without explanation, as the
 sole cause of death: Abortion, cellulitis, childbirth, convulsions,
 Hemorrhage, glandrene, gastritis, erysipelas, meningitis, miscar-
 riage, necrosis, peritonitis, phlebitis, pyemia, septicemia,
 tetanus.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

On this case, . . . or his next of kin . . . or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died, . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Worcester
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

63

City or Town

Wintthrop

No.

51 Wintthrop Lane Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Richard Henry Raymond

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

53 Wintthrop Lane Ave

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

2

years

months

days

How long in U. S., if of foreign birth?

20

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Widower

6 DATE OF BIRTH

April 14 - 1866

(Month)

(Day)

(Year)

7 AGE

Years

72

Months

X

Days

3

If LESS than

1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retiree

(b) Name of employer

9 BIRTHPLACE (City)

Brazil

(State or country)

So. America

10 NAME OF FATHER

unable to obtain

11 BIRTHPLACE OF FATHER (City)

.. ..

(State or country)

.. ..

12 MAIDEN NAME OF MOTHER

.. ..

13 BIRTHPLACE OF MOTHER (City)

.. ..

(State or country)

.. ..

14

Informant

Robt - Raymond

(Address)

53 Wintthrop Lane Ave

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

L. J. Murray
4/12

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April

17

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Apr 16

, 19*22*, to

April 17

, 19*22*

that I last saw him alive on *Apr 17*, 19*22*

and that death occurred, on the date stated above, at *2:10 P. m.*

The CAUSE OF DEATH was as follows:

Pneumonia

(duration)

yrs.

mos.

3 ds.

CONTRIBUTORY

Anterior Sclerosis

(SECONDARY)

(duration)

yrs.

mos.

4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

W. H. Hartwell

M.D.

(Address)

Worcester, Mass

Date

Apr 18

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Dale M. ...

(Cemetery)

(City or town)

DATE OF BURIAL

4/19 - 1922

20 UNDERTAKER

Chas. J. Bennett

ADDRESS

Wintthrop, Mass

Official position

Health Officer

Date of issue of permit

4/19/22

Permit

No.

420

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Farman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Cerebrum*, *Sarcoma*, etc., or, (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms; *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meninges* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County

Suffolk

State

Mass

Registered No.

64

City or Town

Winthrop

No.

180, Pauline

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Anders Larsson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

25 Somerset Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Anna. Larsson

6 DATE OF BIRTH

July - 18

(Month)

(Day)

1885

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

36

9

3

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Deck Hand

(b) Name of employer

B. R. A. T. L. R. R.

9 BIRTHPLACE (City)

(State or country)

Sweden

10 NAME OF
FATHER

Lars Jonson

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Lindsten

12 MAIDEN NAME
OF MOTHER

Karna. Jonson

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Lindsten

14

Informant

(Address)

Anna Larsson
25 Somerset Ave Winthrop

15

Filed

(Month) (Day) (Year)

REGISTRAR

21

Burial permit
issued by

J. A. Mowry

Official
position

Health Officer

22 Date of
issue

4/24/22

Permit
No.

425

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April

21

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:Asphyxia (traumatic apnoea)
accidental~~Living under investigation~~
Compressed by his own automobile
on which he was making repairs,
through the slipping of insecure
blocking placed by himself.
(See reverse side for description for unknown person)

18 Where was injury sustained

if not at place of death?

Completed Aug. 11/22

(Signed)

Leroy Bengus Magnitt

M.D.

(Address)

Medical Examiner for

Suffolk

Date

April 22

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

4/22/22

(Month) (Day) (Year)

20 UNDERTAKER

C. R. Larsson

ADDRESS

Winthrop

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

April 21, 1922

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop, Mass
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

65

City or Town

Winthrop, Mass No. 6 Argyle

St.

Ward

2 FULL NAME

Luigi Urbinati

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 6 Argyle St. Winthrop, Mass

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

11 years

months

days

How long in U. S., if of foreign birth?

15 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Maria Luaglia

6 DATE OF BIRTH

(Month)

(Day)

1869

7 AGE

Years

Months

Days

if LESS than

53

X

X

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Laborer

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Italy

10 NAME OF
FATHER

Antonio Urbinati

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Italy

12 MAIDEN NAME
OF MOTHER

Geltruda / unknown

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Italy

14

Informant

Maria Urbinati / wife

(Address)

6 Argyle St. Winthrop, Mass

15

Filed

MAY 2 1922
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

J. A. Mayry

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 21st 1922
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from

June, 1922, to April 21, 1922.

that I last saw him alive on April 20, 1922,

and that death occurred, on the date stated above, at 10th m.

The CAUSE OF DEATH was as follows:

Tumor of Brain

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Astell, M.D.

(Address) 200 Pleasant St.

Date 4 22 22
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Michael Cemetery Boston
(Cemetery) (City or town)

April 23, 1922

20 UNDERTAKER

Angelo Jannini

ADDRESS

215 North St.
BostonOfficial
position

Health Officer

Date of
issue
of permit

- 22 22 No. 426

should be fully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Artist*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing always (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"; *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERIAL septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. — *Revised Laws, Chap. 29, Sec. 10 and 1, as amended by Acts of 1910, Chap. 392.*

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectman for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 8, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH *Suffolk* County *Wrentham* City or Town
State *Mass* Registered No. *66*
No. *189 Bowdoin St* Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Anna Elizabeth Gibbons*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *189 Bowdoin* St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred *25* years months days. How long in U. S., if of foreign birth? years months days (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
5a If married, widowed, or divorced HUSBAND of *Bernard Joseph Gibbons* (or) WIFE of
6 AGE *50* Years Months *6* Days *X* If LESS than 1 day,.....hrs. or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at home*
(b) Name of employer

8 BIRTHPLACE (City) *Hornell*
(State or country) *N. Y.*

9 NAME OF FATHER *William Webster*
10 BIRTHPLACE OF FATHER (City) *Hornell*
(State or country) *N. Y.*
11 MAIDEN NAME OF MOTHER *Emily Wrenborn*
12 BIRTHPLACE OF MOTHER (City) *England*
(State or country)

13 Informant *Geo. W. Gibbons*
(Address) *189 Bowdoin St*

14 Filed *APR 25 1922*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *J. R. Mayne*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *April* *22* *1922*
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from *April 20*, 19*22*, to *April 22*, 19*22*, that I last saw him alive on *April 22*, 19*22*, and that death occurred, on the date stated above, at *10.55* p.m.
The CAUSE OF DEATH was as follows:
Uraemic convulsion

CONTRIBUTORY *Chronic Glomerular Nephritis*
(SECONDARY) (duration) yrs. mos. *3* ds.
(duration) 1 yrs. mos. ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? *no* Date of
Was there an autopsy? *no*
What test confirmed diagnosis? *Clinical examination*
(Signed) *31 Metcalf Blvd. Boston, M.D.*
(Address) *189 Wrentham St Wrentham*
Date *April* *25* *1922*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Wrentham Cemetery*
(Cemetery) (City or town)
DATE OF BURIAL *4/26/22*

19 UNDERTAKER *Wrentham*
ADDRESS

Official position *Health Officer* Date of issue of permit *25 22* Permit No. *729*

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*, (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysenteric* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Colic-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized diseases unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths and possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

67

City or Town

Boston

No.

46 Hawthorne Ave. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jennie Nath

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

46 Hawthorne Ave. Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

1

years

months

days.

How long in U. S., if of foreign birth?

22

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Samuel

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

70

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

housework

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)

Austria

10 NAME OF
FATHER

Jacob Dohler

11 BIRTHPLACE OF
FATHER (City)

Austria

(State or country)

12 MAIDEN NAME
OF MOTHER

Rebecca Cannell

13 BIRTHPLACE OF
MOTHER (City)

Austria

(State or country)

14

Informant
(Address)B. Rothberg
46 Hawthorne Ave

15

Filed

MAY 2 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

J. M. Morris

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 23 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Mar 11 1922 to Apr 23 1922

that I last saw her alive on Apr 23 1922

and that death occurred, on the date stated above, at 6.50 A.M.

The CAUSE OF DEATH was as follows:

Chronic Nephritis

CONTRIBUTORY (duration) 3 yrs. mos. ds.

Arterio-sclerosis
(SECONDARY)18 Where was disease contracted
if not at place of death? FOR WHAT?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis H. Skirball, M.D.

(Address) 13 Nahant Ave. Revere

Date April 23 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Austrian Cem. Woburn
(Cemetery) (City or town)

DATE OF BURIAL

April 23 1922

20 UNDERTAKER

Mannell Stanetsky Boston

Official
position

Health Officer

Date of
issue

April 23 1922

Permit

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April

24

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

April 22

1922, to

April 24

1922

that I last saw him alive on

April 24

1922

and that death occurred, on the date stated above, at

7 p. m.

The CAUSE OF DEATH was as follows:

Central Hemorrhage
arterio sclerosis chronic
chronic interstitial nephritis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Clinical diagnosis
31 Mel. call Chas. B. H. M.D.

(Address)

174 W. 1st St. W. 1st St. W.

Date

April 25

22

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

4/26/22

20 UNDERTAKER

ADDRESS

Chas. R. Benbow. Winthrop

Official
position

Health Officer

Date of
issue

4/25/22

Permit

No. 436

N. B. - WHITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 23 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, attesting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, 3 hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

MAY 2 1922
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April

25

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

19

to

19

that I last saw him alive on 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Premature Birth

6 months

lived 3 hours

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? no

(Signed)

Raymond B. Parker, M.D.

(Address)

Winthrop Board of Health

Date

April 25

(Month)

(Day)

1922

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

Holy Cross Cem. Malden

(City or town)

April 29/22

20 UNDERTAKER

ADDRESS

Official
position

Health Officer

Date of
issue

4/28 22

Permit

No. 432

N. B. WHITE PLAIN, with UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (d) Grocer, (e) Foreman, (f) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualify, s. indefinite); *Tuberculosis of lungs, meningitis, gonorrhea, etc., Carcinoma, Sarcoma, etc., of* (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, If whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds., Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicemic," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has authorized during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The **fulfillment of the purpose of these laws calls for the observance of the following rules of practice:**

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

70

City or Town

Worcester

No.

140 Woodside Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Yehaniel Thomas Howland

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

140 Woodside

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

X years *10* months *X* days

How long in U. S., if of foreign birth?

years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Widow*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Widow*

6 DATE OF BIRTH

May 31st - 1843

(Month)

(Day)

(Year)

7 AGE

Years

70

Months

10

Days

27

If LESS than

1 day.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Retired*

(b) Name of employer

9 BIRTHPLACE (City)

Hanson

(State or country)

*Plymouth Co. Mass*10 NAME OF
FATHER*Geo. Howland*11 BIRTHPLACE OF
FATHER (City)*Hanson*

(State or country)

*Plymouth Co. Mass.*12 MAIDEN NAME
OF MOTHER*Esther Fish Gentry*13 BIRTHPLACE OF
MOTHER (City)*Hanson*

(State or country)

Mass

14

Informant

Geo. Howland

(Address)

140 Woodside Ave Worcester

15

Filed

MAY 2 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J. P. Mowry

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 27th 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Nov, 1920, to *April*, 1922that I last saw him alive on *April 26*, 1922and that death occurred, on the date stated above, at *11.9 a.m.*

The CAUSE OF DEATH was as follows:

*Myocarditis, Chronic Endocarditis
Arterio-sclerosis*(duration) *10 yrs.* mos. ds.CONTRIBUTORY
(SECONDARY)*Angina pectoris*

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *No*

What test confirmed diagnosis?

(Signed)

Andrew P. Downing, M.D.

(Address)

335 Huron Ave. Quincy

Date

April 27th 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Flem Hall Cemetery

(Cemetery)

Hanson

(City or town)

DATE OF BURIAL

April 29/1922

20 UNDERTAKER

*Mass**C. R. Blumenson*

ADDRESS

*Worcester*Official
position*Health Officer*Date of
issue of permit*4/27/22*

Permit

No. *431*

N. B. - WHITE PLAIN, WITH UNFADING BLACK INK, THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Coal miner, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Strawer*, (b) *Colon mill*, (c) *Salesman*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meningitis* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(If recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 11½, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

if LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

March

19

to

May 1

19

22

that I last saw her alive on

May 1

19

22

and that death occurred, on the date stated above, at 11:40 a.m.

The CAUSE OF DEATH was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Cerebral Disease

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

Terry J. Rowe

M.D.

(Address)

28 Main St. Framingham

Date

May

3

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

May 4/1922

20 UNDERTAKER

ADDRESS

W. C. Goodrich Lyman

Official position

Health Officer

Date of issue

5/3/22

of permit

Permit

No.

433

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.-WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.,

Ward,

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June

1921, to

May 5

1922

that I last saw him alive on

May 1

1922

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH was as follows:

Exhaustion & exhaustion

(duration)

1 yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

right fore

(duration)

1 yrs.

mos.

ds.

17 Where was disease contracted

if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

Laboratory slides

(Signed)

R. W. Layton

M.D.

(Address)

Ft. Francis, Mass.

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official

position Health Officer

Date of

issue

of permit

Permit

No. 434

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningitis, peritonium, etc. Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. **4570**

(Place of death)

City or Town **Boston** No. **MERIDIAN HALL** St. **Ward**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

SILAS M. STEVENS

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **26 SEYMOUR AVE.**

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **CARRIE E.**

6 DATE OF BIRTH (month, day, and year) **DEC. 25. 1848**

7 AGE **73** Years Months **4** Days **10** If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED **RETIRED GROCER**

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (city or town) **WELLS** (State or country) **ME.**

10 NAME OF FATHER **EBRAL STEVENS**

11 BIRTHPLACE OF FATHER (city or town) **WELLS** (State or country) **ME.**

12 MAIDEN NAME OF MOTHER **MARY A. MOODY**

13 BIRTHPLACE OF MOTHER (city or town) **AUGUSTA** (State or country) **ME.**

14 Informant **MRS. CARRIE STEVENS** (Address)

15 Filed **MAY 9 1922** **EWM Glenon** Registrar of city or town where death occurred

Filed **May 25, 1922** Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **MAY 5 1922**

17 I HEREBY CERTIFY, That I attended deceased from , 19, to , 1922,

that I last saw him alive on , 1922,

and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:

NATURAL CAUSES, PRESUMABLY CARDIO-VASCULAR DISEASE

(duration) yrs. mos. ds.

CONTRIBUTORY (SUDDEN DEATH) (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **GEORGE BURGESS MAGRATH**, M.D., 19 22 (Address) **MAY 6** **MED. EX.**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

EVERETT (WOODLAWN)

DATE OF BURIAL

MAY 8 19 22

20 UNDERTAKER

C. A. ROLLINS

ADDRESS

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, . . . — *Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until the certificate shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make

— Gen. Laws, Chap. 46, Sec. 9.

Laws, Chap. 114, Sec. 45.

chap. 38, Sec. 6.

chap. 38, Sec. 7.

RULES OF PRACTICE

ies of practice:

related to any form of injury.

Committee on Nomenclature of the American Medical Association.)

mary": if secondary, give primary cause.

totidius.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Lynn

(City or town)

1 PLACE OF DEATH

County Essex State Mass.

City or Town Lynn No. Union Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.
(Place of death)

Registered No. 86
(Place of residence)

2 FULL NAME Isaac C. Bunnell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 99 Main St.
(Usual place of abode)

Length of residence in city or town where death occurred years months 12 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cannot be learned

6 DATE OF BIRTH (month, day, and year) Dec. 26, 1862

7 AGE 59 Years 4 Months 12 Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Penna.
(State or country)

10 NAME OF FATHER Barton Bunnell

11 BIRTHPLACE OF FATHER (city or town) Penna.
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Bird

13 BIRTHPLACE OF MOTHER (city or town) Penna.
(State or country)

14 Informant Stuart Bunnell
(Address) 99 Main St., Winthrop

15 Filed June 5, 19 22 Registrar of city or town where death occurred
Filed June 14, 19 22 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 19 22

17 I HEREBY CERTIFY, That I attended deceased from Apr. 26, 19 22, to May 8, 19 22.

that I last saw him alive on May 8, 19 22.

and that death occurred, on the date stated above, at 8.05 p.m.

THE CAUSE OF DEATH* was as follows:

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Pernicious anemia

(duration) yrs. 2 mos. + ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? blood

(Signed) Frank E. Rowe, M.D.

(Address) 221 Broadway, Revere

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Glenwood, Everett May 11, 19 22

20 UNDERTAKER

ADDRESS

John P. Costello Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcinoma*, *Sarcoma*, etc., of _____, *leucemia*, etc.; "Cancer" is less definite; avoid use of (name origin); "Tumor" for malignant neoplasms); *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meninges* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDE, or HOMICIDE, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of CONTRIBUTORY, (see reverse) on Statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiner.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~Boston~~
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

77

City or Town

~~Boston~~ Winthrop

No.

62 Lowell Road.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sarah S. Tracy

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

36 Wilshire Road.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

8 years

months

days.

How long in U. S., if of foreign birth?

41 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Daniel Tracy

6 DATE OF BIRTH

Feb 26 1840

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

82

2

13

1 day.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

none

(b) Name of employer

9 BIRTHPLACE (City)

St. John N. B.

(State or country)

10 NAME OF
FATHER

Austin A. Hokey

11 BIRTHPLACE OF
FATHER (City)

France

(State or country)

12 MAIDEN NAME
OF MOTHER

Margaret A. Godsaw

13 BIRTHPLACE OF
MOTHER (City)

St. John N. B.

(State or country)

14

Informant
(Address)Wellington Tracy
36 Wilshire Road, St.

15

Filed

May 20, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 9 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

May 1, 1922, to May 9, 1922

that I last saw him alive on

May 9, 1922

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Cancer of Lungs.

(duration).....yrs.....mos.....ds.

CONTRIBUTORY
(SECONDARY)

Chronic Hypertension

(duration).....yrs.....mos.....ds.

18 Where was disease contracted
if not at place of death? FOR WHAT?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) Harry Astley, M.D.

(Address) 201 Pleasant St.

Date May 10, 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Forest Hills Boston May 11

(Cemetery)

(City or town)

20 UNDERTAKER

ADDRESS

J. J. Stalman & Sons Boston.

Official
positionDate of
issue 5/10/22
of permit No. 135

N. B. -WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Commission on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

11-302
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. **4851**
(Place of death)

City or Town **Boston** No. **EVANGELINE BOOTH HOSPT.** St. **78** Ward **78**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **RICHARD FRANCIS RACINE**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **78** St. **78**
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **S**

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) **MAR. 4. 1922**

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
2 **8**

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) Name of employer

9 BIRTHPLACE (city or town) **BOSTON**
(State or country)

PARENTS
10 NAME OF FATHER **FREEMAN RACINE**
11 BIRTHPLACE OF FATHER (city or town) **WOODSTOCK**
(State or country) **CONN.**
12 MAIDEN NAME OF MOTHER **MARY A. DUFFY**
13 BIRTHPLACE OF MOTHER (city or town) **BOSTON**
(State or country)

14 Informant **MOTHER**
(Address)

15 Filed **May 19, 1922** **E. W. M. Gleason**
Registrar of city or town where death occurred
Filed **MAY 22, 1922**
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **MAY 12 1922**

17 I HEREBY CERTIFY, That I attended deceased from **APR. 1** **22** **MAY 12** **1922**,
to **MAY 12** **1922**,
that I last saw h. alive on **8.08** **1922**,
and that death occurred, on the date stated above, at **8.08** **1922**.
The CAUSE OF DEATH* was as follows:

PYEMIA

(duration) yrs. **2** mos. ds.

CONTRIBUTORY **TERMINAL BRONCHO-PNEUMONIA**
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **HENRY A. KONTOFF**, M.D.
, 19 **22** (Address) **MAY 13**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **MT. HOPE CEM.** DATE OF BURIAL **MAY 22 1922**

20 UNDERTAKER **R. & E. F. GLEASON** ADDRESS

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Coal engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Strawer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, & yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tubercles of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 28 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely sym. tomitic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
City or Town **Boston** No. **NEW ENG. BAPTIST HOSPT.** St. **---** Ward **---**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **4773**
(Place of death)
Registered No. **79**
(Place of residence)

2 FULL NAME **-----HODGKINS**

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **21 COURT ROAD** --- St. **---** Ward **---**
(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SIN.**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day, hrs. **20**

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (city or town) **BOSTON**
(State or country)

10 NAME OF FATHER **WENDELL A.**

11 BIRTHPLACE OF FATHER (city or town) **BATH**
(State or country) **ME.**

12 MAIDEN NAME OF MOTHER **ALICE L. WALKER**

13 BIRTHPLACE OF MOTHER (city or town) **W. WARREN**
(State or country) **MASS.**

14 Informant **FATHER**
(Address)

15 Filed **MAY 16, 1922** **E. W. M. Glenen**
Registrar of city or town where death occurred
Filed **May 25, 1922**
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **MAY 13** 19 **22**

17 I HEREBY CERTIFY, That I attended deceased from **MAY 13**, 19 **22**, to **MAY 13**, 19 **22**,
that I last saw h. **IM** alive on **MAY 13**, 19 **22**,
and that death occurred, on the date stated above, at **1.50 A.** m.
The CAUSE OF DEATH* was as follows:

PREMATURITY

(duration) yrs. mos. ds.
CONTRIBUTORY **PREMATURE LABOR**
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **W. T. S. THORNDIKE**, M.D.
, 19 **22** (Address) **MAY 13**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **WINTHROP (WINTHROP CEM,** DATE OF BURIAL **MAY 15** 19 **22**

20 UNDERTAKER **C. R. BENNISON** ADDRESS **WINTHROP**

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mines, etc.* Women at home, who are engaged in the duties of the house hold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "malignant"); "Pneumonia" (avoid use of "Pneumia"); *Bronchopneumonia* report "Typhoid pneumonia"; *Lobar pneumonia*; *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant origin; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *neoplasms*; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; current) affection need not be stated unless important. Example: *Measles* (disease causing death), 88 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely sym. *tomatic*), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Lebility," "Congestive," "Semile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-flu-entia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always quality all diseases resulting from childbirth or miscarriage as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebotis, pyemia, septicaemia, tetanus.

FROM THE LAWS OF THE
HEALTH OF MASSACHUSETTS
GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his illness, who last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

His death. . . . — *Gen. Laws, Chap. 11, Sec. 46.* No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make by the selectmen for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 11, Sec. 46.*

Medical examiners shall make examination upon the view of the dead require. — *16th, Lucas, Chap. 27, Sec. 1.*

Bodies of only such persons as are supposed to have died by violence. — *Gen. laws, Chap. 38, Sec. 6.*

— *Gen. Laws, Chap. 36, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.

— *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as from disease untreated or any other cause.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from **injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

N. B. - WHITE PLAIN, WITH UNFADING BLACK INK IN THIS IS A PERMANENT RECORD. Every item of information should be filled in 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

80

City or Town

Winthrop

No.

8 Edgehill Road

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Daniel William Caton (Caton)

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

8 Edgehill Road

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

3

years

months

days

How long in U. S., if of foreign birth?

51

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of Lucy (Bell) Caton
(or) WIFE of

6 DATE OF BIRTH

Jan
(Month)

23
(Day)

1845
(Year)

7 AGE

Years

Months

Days

If LESS than

77

3

22

1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Formerly in Hat Business

(b) Name of employer

9 BIRTHPLACE (City)

Luton

(State or country)

England

10 NAME OF
FATHER

George Caton

11 BIRTHPLACE OF
FATHER (City)

Luton

(State or country)

England

12 MAIDEN NAME
OF MOTHER

Swain (first name
cannot be learned)

13 BIRTHPLACE OF
MOTHER (City)

Luton

(State or country)

England

14

Informant

Lucy B. Caton

(Address)

8 Edgehill Road - Winthrop

15

Filed

May 20, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J. A. May Jr.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May

15

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

September 8, 1921, to May 14, 1922,

that I last saw him alive on May 14, 1922,

and that death occurred, on the date stated above, at 7-30 A.M.

The CAUSE OF DEATH was as follows:

Chronic myocarditis

(duration) 3 yrs. - mos. - ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. - mos. - ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Frederick M. Sears

M.D.

(Address)

579 Columbia Road Dor

Date

May

16

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Hills

Boston

(Cemetery)

(City or town)

DATE OF BURIAL

May 18, 1922

20 UNDERTAKER

Robert J. Belyea

ADDRESS

72 Almont St
Winthrop

Official
position

Health Officer

Date of
issue
of permit

5/17/22

Permit

No. 437

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architec, locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

00,000.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

81

City or Town

Winthrop

No.

40 Belcher

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Margaret M. Carthy

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

40 Belcher

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

10 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

William

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

30

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At home

(b) Name of employer

8 BIRTHPLACE (City)

Ireland

(State or country)

9 NAME OF
FATHER

Patrick Naughton

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Bridget Quinn

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

13

Informant

(Address)

John Kalliey
40 Belcher St.

14

Filed

May 20, 1922

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

J. J. Maury

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

15

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 13, 1922, to May 15, 1922,

that I last saw her alive on May 14, 1922,

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH was as follows:

myocarditis

(duration)

ysr.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

asthma

(duration)

ysr.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

C. F. Quinn

M.D.

(Address)

506

Date

May 15

1922

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross

(Cemetery)

Malden

(City or town)

DATE OF BURIAL

May 7, 1922

19 UNDERTAKER

John J. Miley

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue
of permit

5/16/22

Permit

No. 436

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lung*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesenteric*, *Wheezing cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contravened, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

X years

2 months

X days

How long in U. S., if of foreign birth?

31 years

months

— days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month)

(Day)

(Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May
(Month)17
(Day)1922
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb

1922, to

19 May

1922

that I last saw him alive on

19 May

1922

and that death occurred, on the date stated above, at

8:10 P. m.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

10 days (duration)

yrs.

mos.

10 ds.

CONTRIBUTORY
(SECONDARY)

High blood pressure system

240. systolic (duration)

10 yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Brookline

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

none

(Signed)

W. B. Blanchard

M.D.

(Address)

1069 Bay State St.

Boston

Date

May

28

1922

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Chestnut Hill Cemetery

May 25

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

E. R. Gannon

Winthrop

Official
position

Health Officer

Date of
issue
of permit

5/22/22

Permit

No. 438

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Greenery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of..... (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or to any form of injury, but also deaths from disease resulting from those whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-302
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE cannot 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
City or Town **Boston** No. **INFANTS HOSPT.**

Registered No. **4934**
(Place of death)
Registered No. **83**
(Place of residence)

2 FULL NAME **MYRTLE M. GUSTAFSON**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **St.**
(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) **NOV. 4. 1920**

7 AGE Years Months Days If LESS than 1 day,hrs. ormin.
1 6 14

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) Name of employer.....

9 BIRTHPLACE (city or town) **ARLINGTON**
(State or country)

PARENTS
10 NAME OF FATHER **LEANDER J.**
11 BIRTHPLACE OF FATHER (city or town) **SWEDEN**
(State or country)
12 MAIDEN NAME OF MOTHER **MARGARET N. PURDY**
13 BIRTHPLACE OF MOTHER (city or town) **BOSTON**
(State or country)

14 Informant **MRS. PURDY**
(Address)

15 Filed **MAY 22, 1922** **EWM Glenen**
Registrar of city or town where death occurred
Filed **May 25, 1922**
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **MAY 18 1922**

17 I HEREBY CERTIFY, That I attended deceased from
MAY 16, 19 **22** to **MAY 18**, 19 **22**,
that I last saw h **ER** alive on **MAY 18**, 19 **22**,
and that death occurred, on the date stated above, at **10.10 P.** m.
The CAUSE OF DEATH* was as follows:

TUBERCULOUS MENINGITIS

(duration) yrs. mos. **21** ds.
CONTRIBUTORY **MILIARY TUBERCULOSIS**
(SECONDARY)
(duration) yrs. mos. **21** ds.

18 Where was disease contracted
if not at place of death?.....
Did an operation precede death? **YES** Date of.....
Was there an autopsy?.....
What test confirmed diagnosis?.....
(Signed) **H.C. BENDER**, M.D.
, 19 **22** (Address) **MAY 19**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **WINTHROP (WINTHROP CEM)** DATE OF BURIAL **MAY 21 1922**
20 UNDERTAKER **J.S. WATERMAN & SONS** ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "meningitis"); *Lobar pneumonia*; *Bronchopneumonia* report "Typhoid pneumonia"; *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant origin; "Measles" is less definite; avoid use of "Typhoid" for malignant origin; "Whooping cough"; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds., *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely syn. *anemic*), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Colic," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application, make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

7 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Edgar F. Keen

6 AGE

Years

Months

Days

If LESS than 1 day,.....hrs. or.....min.

56

—

—

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

Housewife

8 BIRTHPLACE (City)

(State or country)

Boston Mass.

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

William H. Harris

Liverpool Eng.

Mary J. Murphy

Ireland

13

Informant

(Address)

Edgar Keen 1 Wilshire St

14

Filed

June 5, 1922 (Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

L. J. Murray

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May (Month)

30 (Day)

1922 (Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 27, 1922, to May 20, 1922,

that I last saw him alive on May 20, 1922,

and that death occurred, on the date stated above, at 11:00 P. M.

The CAUSE OF DEATH was as follows:

Exophthalmic Goiter

(duration)

17 yrs.

mos.

ds.

CONTRIBUTORY (SECONDARY)

Chronic Endocarditis

(duration)

ys.

mos.

ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

C. J. Mahoney

M.D.

(Address)

323 Winthrop St

Date

May 31

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

Holy Cross Malden

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

John F. O'Malley

Winthrop

Official Position

Health Officer

Date of issue of permit

6/1/22

Permit

No. 452

May 30, 1922

**EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE**

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died'. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make out the certificate required of the attending physician. If death is

by the selectmen for the purpose, shall upon application by the selectmen for the attending physician. If death is the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician

Requisite.—*Gen. Laws, Chap. 114, Sec. 46.* In the person to whom the personal representative has been appointed, and in the person to whom the personal representative has been assigned, certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.

require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

— *Gen. Laws, Chap. 38, Sec. 6.*

(3) **Medical examiners** will investigate and certify to all deaths **supposedly** due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

83

City or Town

Boston

Winthrop

No. 152

St.

Bartlett Rd.

Ward

83

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edward Barrett

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

152 Bartlett Rd

St.

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence to city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(or WIFE of)

Agnes Barrett

6 DATE OF BIRTH

July

27

1841

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

80

10

4

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Retired
Boston
Mass

9 BIRTHPLACE (City)

(State or country)

Mass

10 NAME OF
FATHER

Oliver Barrett

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Boston
Mass12 MAIDEN NAME
OF MOTHER

Abigail Sawyer

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Boston
Mass

14

Informant

Mrs Barrett

(Address)

152 Bartlett Rd. Winthrop

15

Filed

June 1, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

S. I. Mowry

9-25

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May

31

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

May 25, 1922, to May 31, 1922

that I last saw him alive on May 25, 1922

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH was as follows:

Emphysema Dilatation of
Heart & AnemiaEmphysema
(duration) 1.2 yrs. X mos. X ds.CONTRIBUTORY
(SECONDARY)

Head Disease (duration) 4 yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Unknown

FOR WHAT?

Did an operation precede death?

Date of No

Was there an autopsy?

No

What test confirmed diagnosis?

No

(Signed)

Mrs. E. Buefench, M.D.

(Address)

526 Harvard St

Date

May 31, 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt Auburn

(Cemetery)

Cambridge

(City or town)

DATE OF BURIAL

June 2, 1922

20 UNDERTAKER

C. A. Rollins

ADDRESS

C. Boston

Official

Health Officer

Date of

issue of permit

Permit

5/31/22

No. 439

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicemic," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bed-side care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths apparently due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

87

City or Town

Winthrop

No.

13 Nahant ave.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alexandrina A Douglas

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

13 Nahant ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

66

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

dress maker

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Scotland

9 NAME OF
FATHER

Sholto Douglas

10 BIRTHPLACE OF
FATHER (City)

Scotland

(State or country)

11 MAIDEN NAME
OF MOTHER

Madeline Ogilvie

12 BIRTHPLACE OF
MOTHER (City)

Scotland

(State or country)

13

Informant

(Address)

Elizabeth Leatch Hall
13 Nahant av. Winthrop

14

Filed

June 13, 1922

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedJ. L. Mowry
40

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June

3

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 30, 1921, to June 3, 1922.

that I last saw her alive on June 2, 1922.

and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis
Chronic Valvular Heart Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

At Home

Did an operation precede death? No

Date of

Was there an autopsy? No

What test confirmed diagnosis?

Personal Observation

(Signed)

Raymond B. Parker, M.D.

(Address)

Winthrop Mass

Date

June

3

1922

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop

(Cemetery)

(City or town)

6/5, 1922

19 UNDERTAKER

ADDRESS

C R Benmison

Winthrop

Official
position

Health Officer

Date of
issue
of permit

6/5/22

Permit

No. 441

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archivist, Leconicite engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite, avoid use of "Tumor," for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Assthia," "Anemia," (merely symptomatic), "Atrophy," "Congital," "Senile," "Coma," "Convulsions," "Debility" ("Congital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misarrriage, as "Pteral septicaemia," "Ptereral peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician, certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths undoubtedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

HEREBY CERTIFY, That I attended deceased from

June 5, 1922, to June 5, 1922

that I last saw her alive on June 5, 1922

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH was as follows:

General Peritonitis

CONTRIBUTORY

(SECONDARY)

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official
positionDate of
issue
of permit

Permit

No. 443

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Senile," "Lapse," "Coma," "Convulsion," "Debility" ("Congenital," "Innate," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-302
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

City or Town

Boston

No.

ST. ELIZABETHS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

ANEAS J. KILBRIDE

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

217 LINCOLN

St.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

S

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

JUN. 5. 1888

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

34

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

CARPENTER

(b) Name of employer

9 BIRTHPLACE (city or town)

P. E. I.

(State or country)

10 NAME OF FATHER

PETER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

P. E. I.

12 MAIDEN NAME OF MOTHER

RACHAEL STEELE

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

P. E. I.

14

Informant

(Address)

JOHN STEELE

15

Filed

JUNE 8

1922

E. W. M. Glenen

Registrar of city or town where death occurred

Filed

JUNE 16

1922

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

JUNE 5

1922

17

I HEREBY CERTIFY, That I attended deceased from
JUNE 5, 1922, to JUNE 5, 1922,

IM

JUNE 5

1922,

that I last saw him alive on JUNE 5, 1922,

and that death occurred, on the date stated above, at 4.55 P. M.

The CAUSE OF DEATH* was as follows:

CHR. INTERSTITIAL NEPHRITIS

(duration) yrs. mos. ds.

CONTRIBUTORY

CEREBRAL HEMORRHAGE

(SECONDARY)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? YES Date of JUNE 5

Was there an autopsy? LUMBAR PUNCTURE

What test confirmed diagnosis?

(Signed) J. R. SLATTERY

M.D.

, 1922 (Address)

JUNE 5

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

ST. JOSEPHS CEM.

DATE OF BURIAL

JUN. 7 1922

20 UNDERTAKER

J. F. O'MALEY

ADDRESS

WINTH.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... name first); *Cancer* is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: current affection need not be stated unless important. Example: *Measles* (disease causing death), 80 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely syn.omatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

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- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

89

City or Town

Boston

No. 55

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Charles F. Caracristi

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 55

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence to city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Feb 11 1922

(Month)

(Day)

(Year)

7 AGE

Years

3

Months

20 Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

none

(b) Name of employer

9 BIRTHPLACE (City)

Winthrop Mass

(State or country)

10 NAME OF
FATHER

Frederic L. Caracristi

11 BIRTHPLACE OF
FATHER (City)

Washington

(State or country)

12 MAIDEN NAME
OF MOTHER

Thelma L. Robey

13 BIRTHPLACE OF
MOTHER (City)

Michigan

(State or country)

14

Inferment

Frederic L. Caracristi

(Address)

15

Filed

June 12 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

L. J. Murray

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 6

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

May 1

19

to

19

that I last saw him alive on

June 4

19

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Autopsy showed Broncho-pneumonia

CONTRIBUTORY

(SECONDARY)

Thymus hypertrophy
Abscess of Thymus

(duration)

yrs.

mos.

ds.

18 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death?

Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed)

Chas. L. Jones

M.D.

(Address)

253 Beacon St

Date

June 6

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt Auburn

(Cemetery)

(City or town)

DATE OF BURIAL

June 8, 22

20 UNDERTAKER

W. V. Graham

ADDRESS

Boston

Official
position

Health Officer 6/8/22 442

IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

WHILE LIVING, WITH CERTAIN BLACK INK THIS IS A FEMALE RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architec, Leocomite engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Seamster, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement, Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal miner, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia" unqualified, is indelinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Colic," "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile, etc."), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until three shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any or her necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residency, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WHILE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea

(City or town)

1 PLACE OF DEATH

County Suffolk

State Mass.

Registered No. 352

(Place of death)

City or Town Chelsea

No.

U.S. Naval Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Albert E. Smith, Veterans' Bureau Patient

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.

City or Town

Winthrop

No.

36 Center

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Bertha E.

6 DATE OF BIRTH (month, day, and year) Sept. 1, 1896

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

25

9

7

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Student

(b) Name of employer

9 BIRTHPLACE (city or town) E. Boston, Mass.
(State or country)

PARENTS

10 NAME OF FATHER John J.

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Manchester, Eng.

12 MAIDEN NAME OF MOTHER Emma Burroughs

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Manchester, Eng.

14

Informant J. M. Brister, Comdr. MG USN
(Address) Naval Hospital, Chelsea

15

Filed June 8, 1922

Filed June 24, 1922

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1922

17 I HEREBY CERTIFY, That I attended deceased from
June 3, 1922, to June 8, 1922,

that I last saw him alive on June 8, 1922,

and that death occurred, on the date stated above, at 5:25 a.m.
The CAUSE OF DEATH* was as follows:

Gastric Ulcer (secondary)

Dilatation of stomach acute

(duration) yrs. mos. ds.

CONTRIBUTORY Inanition
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of June 8

Was there an autopsy? Yes

What test confirmed diagnosis? Findings of Autopsy

(Signed) J. S. Woodward, M.D.

, 19 (Address) Naval Hospital, Chelsea

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Mass.

DATE OF BURIAL

June 9 1922

20 UNDERTAKER

C. H. Paunce

ADDRESS

Chelsea

RETURN OF CERTIFICATES OF DEATH

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never "malignant"); *Lobar pneumonia*; *Lobar pneumonia*; *Bronchopneumonia* report "Typhoid pneumonia"; *Lobar pneumonia*; *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant origin; "Neoplasm" is less definite; avoid use of "Chronic valvular heart disease"; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Congenital," "Santle," "Lapse," "Coma," "Convulsions," "Lebity" ("Congenital"), "Sanle," "Dropsey," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

should be properly 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Boston
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

91

City or Town

WINTHROP

No.

48 Sargent Street

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William Sanby

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

48 Sargent St

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence to city or town where death occurred

22 years

months

days.

How long in U. S., if of foreign birth?

47 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Susan J. Sanby

6 DATE OF BIRTH

April 16, 1854
(Month) (Day) (Year)

7 AGE

Years

Months

Days

If LESS than

65

1

25

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Builder & Contractor

(b) Name of employer

H. M. Self

9 BIRTHPLACE (City)
(State or country)

England

10 NAME OF
FATHER

James Sanby

11 BIRTHPLACE OF
FATHER (City)

England

(State or country)

12 MAIDEN NAME
OF MOTHER

Unable to obtain

13 BIRTHPLACE OF
MOTHER (City)

" " "

(State or country)

14

Informant

Susan J. Sanby

(Address)

48 Sargent St WINTHROP

15

Filed

June 24, 1922
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J. D. Mowry

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June

10

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

June, 1921, to **June 10**, 1922.

that I last saw him alive on **June 10**, 1922.

and that death occurred, on the date stated above, at **10 P. M.**

The CAUSE OF DEATH was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY **General Arterio Sclerosis**
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? **—** Date of **—**

Was there an autopsy? **—**

What test confirmed diagnosis? **—**

(Signed) **Harvey Atchell**, M.D.

(Address) **200 Pleasant St**

Date **June 12**, 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

WINTHROP

(Cemetery)

WINTHROP (City or town)

DATE OF BURIAL

June 13, 1922

20 UNDERTAKER

C. R. Pennington

ADDRESS

WINTHROP

Official position

Health Officer

Date of
issue
of permit

6/13/22

Permit

No. 4-10

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Necrosis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Necrosis* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

92

City or Town

Winthrop

No.

Melrose Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Melissa Clark White

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

990 Shirley St

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Charles

6 AGE

Years

Months

Days

If LESS than

33

5

2

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

Wm J Tolman

10 BIRTHPLACE OF
FATHER (City)

Providence

(State or country)

R.I.

11 MAIDEN NAME
OF MOTHER

Oliver Talbot

12 BIRTHPLACE OF
MOTHER (City)

Maine

(State or country)

13

Informant

(Address)

Charles White

Winthrop Mass

14

Filed

June 12, 1922

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June

12

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June " 1922, to June 12, 1922,

that I last saw her alive on June 12, 1922,

and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH was as follows:

Toxemia of Pregnancy
Acute Nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted

if not at place of death?

at home

Did an operation precede death?

No

Was there an autopsy?

No

What test confirmed diagnosis?

Personal examination

(Signed)

Raymond B Parker, M.D.

(Address)

Winthrop Mass

Date

June 12

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Melrose Cem Brockton

(Cemetery)

(City or town)

DATE OF BURIAL

June 15, 1922

19 UNDERTAKER

C H Lawrence

ADDRESS

Chelsea

Official
positionDate of
issue
of permit

June 12, 1922

Permit

No.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (d) Grocery; (e) Foreman, (f) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of* (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.**

(2) **Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.**

(3) **Medical examiners will investigate and certify to all deaths supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WHILE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County *Suffolk*
City or Town *Winthrop*

State *Mass.*

Registered No. *93*

No. *85 Crest ave.* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sarah L Verrill

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *85 Crest ave.* St. _____ Ward _____
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *George Sanders Verrill*

6 AGE Years *78* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *House wife*
(b) Name of employer _____

8 BIRTHPLACE (City) *Alexandria*
(State or country) *N. H.*

9 NAME OF FATHER *Luke Gale*

10 BIRTHPLACE OF FATHER (City) *Alexandria*
(State or country) *N. H.*

11 MAIDEN NAME OF MOTHER *Lewis Perkins*

12 BIRTHPLACE OF MOTHER (City) *Alexandria*
(State or country) *N. H.*

13 Informant *Ina B Verrill*
(Address) *85 Crest ave daughter*

14 Filed *June 24 1922*
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

J. A. McGarry

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *June 15 1922*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *May 26 1922* to *June 15 1922*, that I last saw him alive on *June 15 1922*, and that death occurred, on the date stated above, at *1:00* m. The CAUSE OF DEATH was as follows:
Senility
Arterio Sclerosis

Senile (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY *Senile Pneumonia*
(SECONDARY) *May 26 to June 6* (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? *X*

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *Clinical*
(Signed) *O. W. E. Johnson* M.D.

(Address) *123 Winthrop St*

Date *June 16 1922*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Bristol* *N. H.*
(Cemetery) (City or town)

DATE OF BURIAL *6/18 1922*

19 UNDERTAKER *E R Bennison*

ADDRESS *Winthrop*

Official position *Health Officer* Date of issue of permit *6/16/22* Permit No. *446*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," "Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-anition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

Winthrop
(City or town) *94*

City or Town

Winthrop

No.

14 Eglinton Park

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George Henry Hayes

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

14 Eglinton Park

St.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Elizabeth Wright Hayes

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

54

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Broker

(b) Name of employer

8 BIRTHPLACE (City)

Fredrikton

(State or country)

New Brunswick

9 NAME OF
FATHER

George W. Hayes

10 BIRTHPLACE OF
FATHER (City)

England

(State or country)

11 MAIDEN NAME
OF MOTHER

Charlotte Waller

12 BIRTHPLACE OF
MOTHER (City)

Canada

(State or country)

13

Informant

(Address)

Elizabeth Wright Hayes
14 Eglinton Park Winthrop Mass

14

Filed

June 24 1922
(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

S. A. Mowry
9.2

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 17 1922
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 27 1922 to *June 17 1922*

that I last saw him alive on

June 16 1922

and that death occurred, on the date stated above, at

8:30 a. m.

The CAUSE OF DEATH was as follows:

*Intestinal Carcinoma with
metastasis in liver and
lungs*

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

Several

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

X

Did an operation precede death?

no

Date of *X*

Was there an autopsy?

no

What test confirmed diagnosis?

X ray & clinical

(Signed)

Oswell E. Johnson, M.D.

(Address)

Winthrop

Date

June 19 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Brookdale
(Cemetery)

Dedham
(City or town)

DATE OF BURIAL

6/19 1922

19 UNDERTAKER

E R Berrison

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue
of permit

6/19/22

Permit

No. *477*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles: Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *89 ds; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application, make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

(City or town)

95

City or Town

Wintthrop

No.

224 Bowdoin St

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frances Elizabeth Bogle

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

224 Bowdoin

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Widowed Lyman H. Bogle

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

69

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Nurse

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Portland Maine

9 NAME OF FATHER

James G. Jones

10 BIRTHPLACE OF FATHER (City)

(State or country)

Falmouth Mass

11 MAIDEN NAME OF MOTHER

Sarah G. Ellis

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Calais Me

13

Informant

(Address)

Mrs Jones 24. Belcher St Wintthrop

14

Filed

June 24 1922

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J. A. Mowry

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 20 1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 8 1922 to June 20 1922

that I last saw him alive on *June 19 1922*

and that death occurred, on the date stated above, at *5 a* m.

The CAUSE OF DEATH was as follows:

Senility

Severe

(duration)

yrs.

mos.

ds.

CONTRIBUTORY (SECONDARY)

Arterio-sclerosis

Severe

(duration)

yrs.

mos.

ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis? *Clinical*

(Signed)

Wm E Johnson M.D.

(Address)

125 Wintthrop St

Date

June 21 1922 Wintthrop

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Hill Cemetery Wintthrop

(Cemetery)

(City or town)

DATE OF BURIAL

6/22/22

19 UNDERTAKER

B R Fenner

ADDRESS

Wintthrop Mass

Official position

Health Officer

Date of issue

of permit

Permit

6/22/22 No. 4-8

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Lumber—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 86, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence, No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

20
(Day)22
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 17, 1922, to June 20, 1922

that I last saw him alive on June 20, 1922,

and that death occurred, on the date stated above, at 10:00 p.m.

The CAUSE OF DEATH was as follows:

Inguinal Pectoris

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Hurray A. Kelly

M.D.

(Address)

200 Pleasant

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winchester Mass

(Cemetery)

(City or town)

June 23, 1922

19 UNDERTAKER

ADDRESS

Elias R. Benmore

Winchester Mass

Official
position

Health Officer

Date of
issue
of permit

23, 22

Permit

No. 479

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, clidbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WHILE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

45 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Warren Emerson Belcher

6 AGE

Years

Months

Days

If LESS than

74

24

273

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

Warren Belcher

155 Pauline St. Winsted

14

Filed

(Month) (Day) (Year)

June 24, 1922

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 8, 1922, to June 21, 1922

that I last saw him alive on June 20, 1922

and that death occurred, on the date stated above, at 3:20 a.m.

The CAUSE OF DEATH was as follows:

Cerebral Arterio-sclerosis

One (duration)

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

Senility

Several (duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

C. E. Johnson, M.D.

(Address)

123 Weymouth St

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winsted

(Cemetery)

(City or town)

June 23, 1922

19 UNDERTAKER

ADDRESS

C. R. Cannon

Winsted

Official
position

Health Officer

Date of
issue
of permit

6/23/22

Permit

No. 450

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **impossible due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State *Mass*

Registered No. *97*

City or Town

Waltham

No.

155 Pauline St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Elizabeth Davis Hamilton Belcher

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

155 Pauline

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

45 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a If married, widowed, or divorced

~~HUSBAND of~~
~~WIFE of~~

Warren. Emerson Belcher

6 AGE

Years

74

Months

2

Days

29

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Boston Mass

9 NAME OF FATHER

Enoch. Small.

10 BIRTHPLACE OF FATHER (City)

(State or country)

Charlestown Boston Mass

11 MAIDEN NAME OF MOTHER

Sarah. Leckerman

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Haverhill Mass

13

Informant

(Address)

Warren. Belcher

155 Pauline St Waltham

14

Filed

June 24 1922
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

J. A. Mowry

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 8 1922 to June 21 1922

that I last saw him alive on *June 20 1922*

and that death occurred, on the date stated above, at *3:20 a.m.*

The CAUSE OF DEATH was as follows:

Cerebral Arterio-sclerosis

One

(duration)

ys.

mos.

ds.

CONTRIBUTORY (SECONDARY)

Senility

Several (duration)

ys.

mos.

ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Clinical

(Signed)

Wm. E. Johnson, M.D.

(Address)

125 Weymouth St

Date

June 21 1922

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Waltham

(Cemetery)

Waltham

(City or town)

DATE OF BURIAL

June 23 1922

19 UNDERTAKER

C. R. Cannon

ADDRESS

Waltham

Official position

Health Officer

Date of issue of permit

6/23/22

Permit

No. *450*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlobitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Winthrop.
ALBOSTON
(City or Town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

48

City or Town

Boston

Winthrop

38

Irwin Street

Winthrop.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Hillary W. Roberts

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

38 Irwin Street Winthrop.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Elizabeth E. Roberts

6 DATE OF BIRTH Jan 31 1837.

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

85

6

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Ship Carpenter

(b) Name of employer

9 BIRTHPLACE (City)

Murry Harbor P.E.I.

(State or country)

10 NAME OF
FATHER

Hillary W. Roberts

11 BIRTHPLACE OF
FATHER (City)

England.

(State or country)

12 MAIDEN NAME
OF MOTHER

Harriet Brice.

13 BIRTHPLACE OF
MOTHER (City)

England.

(State or country)

14

Informant
(Address)

Mrs. H. A. Woodside.
38 Irwin St.

15

Filed

July 7, 1922
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S. P. Mowry
J. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 1 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Aug 10, 1920 to July 1, 1922

that I last saw him alive on

June 28, 1922

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH was as follows:

Cancer of bladder
and prostate gland

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Levee B. Bump, M.D.

(Address)

124 Spear

Date

July 11, 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn

Everett

DATE OF BURIAL

July 3

(Cemetery)

(City or town)

20 UNDERTAKER

J. S. Staterman & Son

ADDRESS

Boston.

Official
position

Health Officer

Date of
issue

7/3/22

Permit

No. 457

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninge*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meninge* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

302
N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. **5170**

(Place of death)

City or Town **Boston** No. **MASS. CHAR. EYE & EAR INF.** St. **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **125**
(Place of residence)

2 FULL NAME

AMELIA TAIT

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **90 SHORE DRIVE** St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED **SIN.**

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) -----

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
75

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. -----

(b) Name of employer -----

9 BIRTHPLACE (city or town) **MT. PLEASANT**
(State or country) **N.S.**

10 NAME OF FATHER **WILLIAM TAIT**

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country)

12 MAIDEN NAME OF MOTHER -----

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country)

14 Informant **H. H. TAIT**
(Address)

15 Filed **JUL. 5, 1922** **E. W. M. Glenen**
Registrar of city or town where death occurred
Filed **Sept. 16, 1922**
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **JULY 6 1922**

17 I HEREBY CERTIFY, That I attended deceased from
JUNE 24, 19**22**, to **JULY 6**, 19**22**,
that I last saw h. **ER** alive on **JULY 5**, 19**22**,

and that death occurred, on the date stated above, at **5.30 A.M.**
The CAUSE OF DEATH* was as follows:

CEREBRAL HEMORRHAGE

(duration) yrs. mos. ds.
CONTRIBUTORY **ARTERIO-SCLEROSIS**
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death? -----

Did an operation precede death? ----- Date of -----

Was there an autopsy? -----

What test confirmed diagnosis? -----
(Signed) **J. F. ROOT**, M.D.
JULY 6, 19**22** (Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **CEDAR GROVE** DATE OF BURIAL **JULY 8 1922**

20 UNDERTAKER **J. S. WATERMAN & SONS** ADDRESS

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lung*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebidity" ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 48, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

49

City or Town

Boston

No.

Winthrop **Metcalf Hospital** St. Ward

2 FULL NAME

Julia E. Walsh

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

457 Shirley

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH

June

(Month)

29

(Day)

1922

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

—

—

8

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) Name of employer

9 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

10 NAME OF FATHER

Thomas E. Walsh

11 BIRTHPLACE OF FATHER (City)

Charlestown

(State or country)

Mass.

12 MAIDEN NAME OF MOTHER

Julia Jordan

13 BIRTHPLACE OF MOTHER (City)

Roxbury

(State or country)

Mass.

14

Informant

Thomas E. Walsh

(Address)

457 Shirley St

15

Filed

July 29, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

S. R. Mowry

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July

7

(Day)

1922

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

June 29, 1922, to **July 7**, 1922

that I last saw her alive on **July 7**, 1922

and that death occurred, on the date stated above, at **121 Mdyt**

The CAUSE OF DEATH was as follows:

Premature delivery (six mos.)

Weak & vitality

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted

if not at place of death? **FOR WHAT?**

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

B. J. M. M.D.

M.D.

(Address)

121 Mdyt

Date

July

(Month)

7

(Day)

1922

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Benedict's Rch

(Cemetery)

(City or town)

DATE OF BURIAL

July 10, 1922

20 UNDERTAKER

Bernard J. McMahon

ADDRESS

121 Mdyt

Date of

issue

of permit

7/8/22

Permit

No.

403

Official

position

Health Officer

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); "Typhoid fever" (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, coliculis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phibitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 22, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement con-taining the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the at-tending physician, if any, as required by law, or in lieu thereof a certi-ficate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the per-mit is so given and the physician who certifies to the cause of death shall thereunder furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 72, Sec. 32.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

12, 501

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Mass. Registered No. 100City or Town Wentworth No. 104 Highland Ave St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Stephen Laskey

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Hotel Puritan, Boston St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Abbie Galluf Laskey6 DATE OF BIRTH Jan 29 1848
(Month) (Day) (Year)7 AGE Years Months Days If LESS than 1 day, hrs. or min.
74 5 10

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employerRetired9 BIRTHPLACE (City)
(State or country)Bath
Maine

10 NAME OF FATHER

Wilber

11 BIRTHPLACE OF FATHER (City)

Unknown

(State or country)

12 MAIDEN NAME OF MOTHER

Mary Hughes

13 BIRTHPLACE OF MOTHER (City)

Unknown

(State or country)

14

Informant

(Address)

Abbie Galluf Laskey
Puritan Hotel - Boston

15

Filed

(Month) (Day) (Year)

July 29 1922

REGISTRAR

21

Burial permit issued by

S. R. Mayberry

Official position

Health Officer

22 Date of

7/11/22

Permit

453

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 10 1922
(Month) (Day) (Year)

17

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes:
Presumably haemorrhage
spontaneous of the Brain.
(With suddenly without
medical attendance.)

(See reverse side for description for unknown person)

18 Where was injury sustained if not at place of death?

(Signed) George Burgess Magnitt, M.D.

(Address)

Medical Examiner for SuffolkDate July 11 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

Rochester Wisconsin July 13-22
(Cemetery) (City or town) (Month) (Day) (Year)

20 UNDERTAKER

ADDRESS

J. S. Waterman & Sons 2326 Wash St
Boston

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

July 10, 1922.
Compound fracture

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Winthrop

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

101

City or Town

Boston

No.

44 Trident Ave. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Rosa Dinsfriend

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

44 Trident Ave.

St.

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

10 years

months

days

How long in U. S., if of foreign birth?

37 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Adolph

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

65

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Germany

10 NAME OF FATHER

Morris Hyman

11 BIRTHPLACE OF FATHER (City)

(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Rachael Cannot be

13 BIRTHPLACE OF MOTHER (City)

(State or country)

Germany

14

Informant

(Address)

Adolph Dinsfriend
44 Trident Ave

15

Filed

(Month) (Day) (Year)

July 29 1922

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S. J. Nagura

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July

13 -

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

May 8 - 1922, to July 13 - 1922

that I last saw her alive on July 13 - 1922

and that death occurred, on the date stated above, at 3.00 P.M.

The CAUSE OF DEATH was as follows:

DIABETE

(duration) 14 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

arterio-sclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? clinical & labor

(Signed)

Winthrop, M.D.

(Address)

163 Meridian St. B.B.

Date

July

13 -

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Ohel Jacob Cem.

(Cemetery) (City or town)

DATE OF BURIAL

July 14th 1922

20 UNDERTAKER

ADDRESS

Manuel Slavitsky Boston

Official position Health Officer

Date of issue

7/14/22

Permit

No. 454

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archivist, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or at home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninginges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misarrriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-302
N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town) 6322

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
City or Town **Boston** No. **MASS. GEN. HOSPT.**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **726**
(Place of death)
Registered No. **726**
(Place of residence)
St. **Ward**

2 FULL NAME **MAX ABRAMOVITZ**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS** City or Town **WINTHROP** No. **22 WAVEWAY AVE - St.**
(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **SARAH**

6 DATE OF BIRTH (month, day, and year) **-----**

7 AGE Years **55** Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **TAILOR**
(b) Name of employer

9 BIRTHPLACE (city or town) **RUSSIA**
(State or country)

PARENTS

10 NAME OF FATHER **SAMUEL ABRAMOVITZ**

11 BIRTHPLACE OF FATHER (city or town) **RUSSIA**
(State or country)

12 MAIDEN NAME OF MOTHER **HANNAH** -----

13 BIRTHPLACE OF MOTHER (city or town) **RUSSIA**
(State or country)

14 Informant **WIFE**
(Address)

15 Filed **JUL. 15, 1922** **E. W. M. Glenen**
Registrar of city or town where death occurred
Filed **JUL. 15, 1922**
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **JULY 13 1922**

17 I HEREBY CERTIFY, That I attended deceased from **JULY 3**, 19 **22**, to **JULY 13**, 19 **22**,
that I last saw him alive on **JULY 13**, 19 **22**,
and that death occurred, on the date stated above, at **6.20A.m.**
The CAUSE OF DEATH* was as follows:

HEMATEMESIS

(GASTRIC ULCER)

(duration) _____ yrs. _____ mos. **13** ds.
CONTRIBUTORY **BRONCHO-PNEUMONIA**
(SECONDARY)
(duration) _____ yrs. _____ mos. **12** NRS ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) **N. W. FAXON**, M.D.
, 19 **22** (Address) **JUL. 13**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

BETH ABRAHAM

DATE OF BURIAL

JUL. 13 1922

20 UNDERTAKER

MANUEL STANETSKY

ADDRESS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphænia," "Anæmia" (merely syn. "toæmic"), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Labily," ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hæmorrhage," "In-fluëza," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, coliculis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscer-riage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Lexington

(City or town)

1 PLACE OF DEATH

County MiddlesexState Mass.City or Town LexingtonNo. 29 WalthamSt. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. _____
(Place of death)Registered No. 107
(Place of residence)2 FULL NAME Mary L. Potter

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.City or Town Winthrop No. 21 Pleasant

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

6

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCharles H. Potter6 DATE OF BIRTH (month, day, and year) Aug. 11, 1832

7 AGE

Years

89

Months

11

Days

3If LESS than
1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workat home

(b) Name of employer

9 BIRTHPLACE (city or town) Last Concord

(State or country)

New Hampshire

PARENTS

10 NAME OF FATHER Thompson Tenney11 BIRTHPLACE OF FATHER (city or town) Loudon

(State or country)

New Hampshire12 MAIDEN NAME OF MOTHER Harriet M. Collins13 BIRTHPLACE OF MOTHER (city or town) Hopkinton

(State or country)

New Hampshire

14

Informant Mrs. Frank A. Douglas(Address) 21 Pleasant St. Winthrop, Mass.

15

Filed July 14, 1922 Arthur W. Hatch

Registrar of city or town where death occurred

Filed July 17, 1922

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14, 192217 I HEREBY CERTIFY, That I attended deceased from
May, 19 22, to July 14, 19 22that I last saw her alive on July 13, 19 22and that death occurred, on the date stated above, at 9:30 A.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES,
state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL,
SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)Heart diseasevalvular-both aortic & mitral

(duration) yrs. mos. ds.

CONTRIBUTORY Old age

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Odin Tilton, 19 (Address) Lexington, Mass. 7/14/22 M.D.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

East Concord, N. H.July 15, 22

20 UNDERTAKER

ADDRESS

Arthur A. Marshall & SonLexington,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Spinner*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia," "Pneumonia," "unqualified pneumonia"; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Constitution," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as *accidental*, *suicidal*, or *homicidal*, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of *Contributory*.

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

103

City or Town

Boston

No.

54 Sea Hoam Ave. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Cyrille Stearns

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

54 Sea Hoam Ave.

Suffolk Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

June 26, 1922

7 AGE

Years

Months

Days

If LESS than

X

X

26

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

Winthrop, Mass.

(State or country)

10 NAME OF
FATHER

David Stearns

11 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

12 MAIDEN NAME
OF MOTHER

Minnie Aaron

13 BIRTHPLACE OF
MOTHER (City)

New York City

(State or country)

14

Informant

D. Stearns

(Address)

54 Sea Hoam Ave.

15

Filed

July 29, 1922

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

J. J. Newby

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 22, 1922

17

I HEREBY CERTIFY, That I attended deceased from

July 20, 1922, to July 21, 1922

that I last saw her alive on July 21, 1922

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH was as follows:

Pneumonia

Broncho-pneumonia

(duration) yrs. mos. 5 da.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. da.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? None

(Signed) Samuel W. Myers, M.D.

(Address) 34 McLean St.

Date July 23, 1922

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Adolph Jeshurun, Cem.

July 23, 1922

20 UNDERTAKER

ADDRESS

Marcel Stanetsky, Boston

Official
position

Health Officer

Date of
issue

7/23/22 No. 455

Permit

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Leconomite engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service, for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia," *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 27, 1922, to July 28, 1922,
that I last saw him alive on July 28, 1922,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH was as follows:

Diabetic Coma

(duration) 10 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official
position

Health officer

Date of
issue
of permit

7/29/22

Permit

No. 456

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (c) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lebor pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-nation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . 4 The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 11 1/2, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

105

City or Town

Boston

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred

3

years

months

days

How long in U. S., if of foreign birth?

70

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

July 15, 1922, to Aug 1, 1922

that I last saw him alive on July 21, 1922

and that death occurred, on the date stated above, at 10:46 a.m.

The CAUSE OF DEATH was as follows:

myocarditis
arterio-sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles J. Mahoney, M.D.

(Address) 355 North St.

Date Aug 2, 1922

(Month)

(Day)

(Year)

19 DATE OF BURIAL, CREATION OF PERMIT

DATE OF BURIAL

Aug 3, 22

(City or town)

20 UNDERTAKER

John Connolly

Address 1409 Ashket

Official position

Date of issue of permit

August 2, 22

Permit No. 457

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Adopted by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death, the primary infection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scalia," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health of its agent . . . or . . . from the clerk of the town, where the person died; . . . No such permit shall be issued until that it shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH

County *Winthrop* State *Mass* Registered No. *106*
City or Town *Winthrop* No. *Fort Banks* St. *Ward*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Wilfred Manning Jr.*

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *1422 Columbus Ave* St. *Roxbury* Ward. *Roxbury*
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single.*

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

Stillborn.

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.
(b) Name of employer

8 BIRTHPLACE (City) *Fort Banks*
(State or country) *Winthrop*

9 NAME OF FATHER *Wilfred J. Manning.*

10 BIRTHPLACE OF FATHER (City) *Boston, Mass.*
(State or country)

11 MAIDEN NAME OF MOTHER *Katherine Vierkant.*

12 BIRTHPLACE OF MOTHER (City) *Boston, Mass.*
(State or country)

13 Informant *Wilfred J. Manning*
(Address) *Fort Banks Winthrop Mass.*

14 Filed (Month) (Day) (Year) REGISTRAR *St. Mowry*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *August 2, 1922*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....,
that I last saw h..... alive on....., 19.....,
and that death occurred, on the date stated above, at..... m.
The CAUSE OF DEATH was as follows:
Stillborn

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?
(Signed) *Pay Whayton*, M.D.

(Address) *Capt. M.C. Ft. Banks, Mass.*
Date *August 2, 1922*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Winthrop*
(Cemetery) (City or town) DATE OF BURIAL *August 3, 1922*

19 UNDERTAKER *CR Bennison* ADDRESS *Winthrop*

Official position *Health Officer* Date of issue *Aug. 3, 1922* Permit No. *458*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia."); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State

Massachusetts

City or Town

Boston

No.

NEW ENG. DEACONESS HOSPT

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

HARRIET E. JONES

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

WINTHROP No. 54 CENTRE

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MAR.5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of**JOSEPH H.**

6 DATE OF BIRTH (month, day, and year)

SEPT. 7. 1861

7 AGE

Years

Months

Days

If LESS than

60**10****27**day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

AT HOME

(b) Name of employer

9 BIRTHPLACE (city or town)
(State or country)**CENTRAL FALLS****R. I.**

PARENTS

10 NAME OF FATHER

LUKE ENSWORTH11 BIRTHPLACE OF FATHER (city or town)
(State or country)**ENGLAND**

12 MAIDEN NAME OF MOTHER

-----13 BIRTHPLACE OF MOTHER (city or town)
(State or country)**ENGLAND**

14

Informant
(Address)**HUSBAND**

15

Filed

Aug 9

19 22

E. W. M. Glenen

Registrar of city or town where death occurred

Filed

AUG. 9

19 22

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

AUG. 4. 19 22

17

I HEREBY CERTIFY, That I attended deceased from

JULY 25, 19 **22** to **AUG. 4.**, 19 **22**,that I last saw h **ER** alive on **AUG. 4.**, 19 **22**,and that death occurred, on the date stated above, at **3.15 P** m.

The CAUSE OF DEATH* was as follows:

CARCINOMA COLON(duration) yrs. **11** mos. ds.CONTRIBUTORY
(SECONDARY)**DIABETES MELLITUS**(duration) yrs. **6** mos. ds.18 Where was disease contracted
if not at place of death?Did an operation precede death? **YES** Date of **JUL. 31.**

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **H. F. ROOT**, M.D., 19 22 (Address) **AUG. 4.**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

WILLIMANTIC. CONN.

DATE OF BURIAL

AUG. 7. 19 22

20 UNDERTAKER

F. E. BROWN

ADDRESS

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely syn. *trematis*), "Atrophy," "Collapse," "Coma," "Convulsions," "Lability" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

107

City or Town

Boston

No.

46 Wave Way Ave.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ann S. Marcus

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Hyman Marcus

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Russia

10 NAME OF FATHER

Yoselle Marcus

11 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

12 MAIDEN NAME OF MOTHER

Rachel (unknown)

13 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1922, to Aug 6, 1922

that I last saw her alive on Aug 5, 1922

and that death occurred, on the date stated above, at 12:45 p. m.

The CAUSE OF DEATH was as follows:

Diabetes mellitus

CONTRIBUTORY

(SECONDARY) atherosclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? urine

(Signed)

Albert Astrin

M.D.

(Address)

32 Wave Way Ave.

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Official position

Date of issue

of permit

Permit

No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of, (name origin); "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral, septicemic," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

1 PLACE OF DEATH

(Dist. No. 4560)
To be inserted by Registrar

New York State Department of Health

DIVISION OF VITAL STATISTICS

108

County SaratogaTown Malta

Village _____

City _____

STANDARD CERTIFICATE OF DEATH

STATE OF NEW YORK

Registered No. IF

(No. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Mac Guarrie(18a) Residence No. _____
(Usual place of abode)

Ward _____

(if nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mcs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5a IF MARRIED, WIDOWED OR DIVORCED

HUSBAND OF
(OR) WIFE OFAnnie McRae

6 DATE OF BIRTH

May 1, 1853

(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, how many hrs. or min.?
69 3 7

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or Town) Hampton
(State or Country) Rhode Island

10 NAME OF FATHER

Don't know

11 BIRTHPLACE OF FATHER (City or Town)

"

(State or Country)

"

12 MAIDEN NAME OF MOTHER

"

13 BIRTHPLACE OF MOTHER (City or Town)

"

(State or Country)

16 DATE OF DEATH

Aug 8, 1922

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Coronary Case, 19____,

that I last saw h. _____ alive on _____, 19____,

and that death occurred on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH * was as follows:

Obdema of LungsCONTRIBUTORY
(SECONDARY)Chr. Endocarditis

(Duration) _____ yrs. _____ mos. _____ ds.

18b Where was disease contracted, if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Robt B. Castree, Coroner M. D.Aug 8, 1922 (Address) Ballston Spa, N.Y.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Robert L. Carter Ballston SpaAug. 8 - 1922 N.Y.

Burial or Transit

Permit issued by

Emma McKean

Date of Issue

See Instructions on Other Side

PARENTS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Grace Mae Guarrie(Address) 455 Shirley St. - Northrop, Mass15 Filed Aug 8, 1922 Emma McKean

REGISTRAR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, physician, stenographer, compositor, journeyman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman (b) Grocery*; (a) *Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return out more precise specification, as *Day laborer, farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers wife, Housework, or at home*, and children, not faintly employed, as *At school or at home*. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal fever" (the only *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unmodified, is inadequate); *Tuberculosis of lungs, meningitis, peritonitis, etc. Carcinoma, Sarcoma*, etc., of (name origin); *Cancer*, *Carcinoma*, *definite*; avoid use of "Tumor" or "tumor"; *Leucæmia, Leucæst; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or criminal conditions, such as "Asphyxia," "Coma," "Convulsions," "Atrophy," "Gout," "Senile," etc.; "Drugs," "Exhaustion," "Heart failure," "Hemorrhage," "Dropsy," "Marasmus," "Old age," "Shock," "Uremia," "Insanity," etc. When a definite disease can be ascertained as the cause. Always name it, as "Purpura septica," "Purpura, peritonitis," etc., all diseases resulting from childbirth or misadventure. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as *Accidental, suicidal, or homicidal*, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

SECTION 377, CHAPTER 619 OF THE LAWS OF 1913.

Certificate of death.—The particulars called for by items one to thirteen inclusive shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts. The statement of facts relating to the body shall be signed by the undertaker or person in charge of the corpse.

The medical certificates shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. He shall further state the cause of death, so as to show the cause of disease or sequence of causes re-

and the duration of each. Indefinite terms, denoting symptoms of disease or conditions resulting from disease shall not be held sufficient for the issuance of a burial permit. Any certificate stating the cause of death to have declared indefinite, shall be returned to the physician or person making the medical certificate for correction; more definite statement. Causes of death which may be the result of either disease or violence shall be explicit; and if from violence, the means of injury shall be stated; and whether apparently accidental, suicidal, homicidal. For deaths in hospitals, institutions, or nonresidents, the physician shall supply the information required under item 18. If he is able to do so, and in a state where, in his opinion, the disease was contracted.

§ 378. Registration of deaths occurring without medical attendance.—In case of any death occurring without medical attendance, it shall be the duty of the undertaker or other person to whose knowledge the death may come to notify the local health officer of such death, and when certified as to the cause of death: Provided that if a health officer has reason to believe that the death may have been due to unlawful act or neglect he shall then refer the case to the coroner or other proper officer for investigation and certification. The coroner or other proper officer whose duty it is to hold an inquest on the body of a deceased person, it is to hold an inquest on the body required for a burial permit shall state in his certificate of death the name of the disease causing death, or if from external causes, the means of death; whether probably accidental, suicidal or homicidal; and shall, in any case, furnish such information as may be required by the state commission of health in order properly to classify the death.

§ 379. Duties of undertaker.—In each case the undertaker, or person having charge of the corpse, shall file the certificate of death with the registrar of the district in which the death occurred and obtain a burial or removal permit prior to any disposition of the body. He shall obtain the required personal and statistical particulars from a person qualified to supply them, even the signature and address of his informant. He shall then present them to the attending physician, who shall forthwith fill out and sign the medical certificate of death, or to the health officer or coroner, for the medical certificate of the cause of death and other particulars necessary to complete the record for the registration of deaths, as specified in this article. If no physician was in attendance upon the deceased. He shall then state the facts required relatively to the date and place of burial, cremation or removal over his signature and with his address, and present the completed certificate to the registrar in order to obtain a permit for burial, removal or other disposition of the body. The undertaker shall deliver the burial permit to the person in charge of the place of burial, before interring or otherwise disposing of the body; or shall attach the removal permit to the box containing the corpse, when shipped by any transportation company; said permit to accompany the corpse to its destination, where if within the state of New York, it shall be delivered to the person in charge of the place of burial.

§ 381. Interments.—No person in charge of any premises on which interments or cremations are made shall enter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as herein provided. Such person shall deliver his signature, and shall return all permits so endorsed to the registrar of his district within seven days from the date of interment or cremation. He shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the undertaker; which record shall at all times be open to official inspection; provided that the undertaker, or person having charge of the corpse, when burying a body in a cemetery or burial ground having no person in charge, shall sign the burial or removal permit giving the date of burial, and shall write across the face of the permit the words "No person in charge," and file the burial or removal permit within three days with the registrar of the district in which the cemetery is located.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Smithrop
(City or town)

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

109

City or Town

Smithrop

No.

20

Sargent

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frances Dean Stiles

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

20 Sargent

St.

Ward.

X

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

3

years

10

months

29

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

3

Years

Months

10

Days

29

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

(b) Name of employer

8 BIRTHPLACE (City)

Smithrop

(State or country)

Mass.

9 NAME OF FATHER

Zadok Lyman Stiles

10 BIRTHPLACE OF FATHER (City)

Dorchester, Roxbury

(State or country)

Mass.

11 MAIDEN NAME OF MOTHER

Emma P. Dean

12 BIRTHPLACE OF MOTHER (City)

Chelsea

(State or country)

Mass.

13

Informant

Zadok P. Stiles

(Address)

20 Sargent St.

14

Filed

August 1922

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug

8

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 4

1922

to Aug 8

1922

that I last saw her alive on

Aug 7

1922

and that death occurred, on the date stated above, at 12:28 A.M.

The CAUSE OF DEATH was as follows:

acidosis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

consultation

(Signed)

B. H. Metcalf

M.D.

(Address)

174 W. Smithrop St

Date

Aug

9

1922

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Smithrop

(Cemetery)

DATE OF BURIAL

Smithrop

(City or town)

Aug 10

19 UNDERTAKER

C. H. Bemis

ADDRESS

47 Smithrop

Smithrop

Official position

Health Officer

Date of issue

Aug 9-22

Permit

No.

462

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archibol, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphæxia," "Anæmia," (merely symptomatic), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gastritis, epistaxis, pyæmia, meningitis, miscer-riago, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — Gen. Laws, Chap. 48, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — Gen. Laws, Chap. 86, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 86, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.**

(2) **Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.**

(3) **Medical examiners will investigate and certify to all deaths sup-posedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or Town)

1 PLACE OF DEATH

County **Suffolk**

State **Massachusetts**

Registered No. **110**

City or Town **Boston**

No. **83 Fawn Bar Av**

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Charles L Joy.**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. **83. Fawn Bar Ave.**
(Usual place of abode)

XXX Ward. **Winthrop.**
(If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of **Mary C Joy.**

6 DATE OF BIRTH **Jan 8th. 1861.**
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, hrs. min.
61 **8** **8** **1** **or min.**

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Retired**
(b) Name of employer

9 BIRTHPLACE (City) **East Boston Mass**
(State or country) **it**

10 NAME OF FATHER **Daniel G Joy.**

11 BIRTHPLACE OF FATHER (City) **Lubec**
(State or country) **Maine**

12 MAIDEN NAME OF MOTHER **Huldah J Libbey.**

13 BIRTHPLACE OF MOTHER (City) **Great Falls**
(State or country) **N. H.**

14 Informant **Mary C Joy.** **Wife**
(Address) **83. Fawn Bar Ave. Winthrop**

15 Filed **11/1/22**
(Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **August 9 1922**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **May**, 19**21**, to **August 8, 1922**
that I last saw him alive on **August 8, 1922**
and that death occurred, on the date stated above, at **1.30 p.m.**
The CAUSE OF DEATH was as follows:

Locomotor Ataxia

(duration) **10** yrs. mos. ds.

CONTRIBUTORY **Lachry-rectal abscess**
(SECONDARY)

(duration) yrs. mos. **20** ds.

18 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **E. P. Ruggles**, M.D.

(Address) **420 Washington St. Dorchester**

Date **August 9 1922**
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

MtAuburn Cemetery
(Cemetery) (City or town)

DATE OF BURIAL

8. 12.2

20 UNDERTAKER

C. A. Rollins.

ADDRESS

E. B.

Official position **Health Off** Date of issue of permit **Aug 9-22** Permit No. **161**

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *If whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *23 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumaticism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County WinthropState MassachusettsRegistered No. 111City or Town WinthropNo. 35St. 111

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ellen Ina Howell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 33

(Usual place of abode)

St. 111

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth? 48 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn S. Howell

6 DATE OF BIRTH

Winthrop

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

64??1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Winnipeg10 NAME OF
FATHERPeter11 BIRTHPLACE OF
FATHER (City)

(State or country)

Winnipeg12 MAIDEN NAME
OF MOTHERCatherine (Unknown)13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Winnipeg

14

Informant

(Address)

John S. Howell

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedAug. 11, 1922

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug.11.1922.

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

May 1., 1922, to Aug. 11., 1922,that I last saw her alive on Aug. 8., 1922,and that death occurred, on the date stated above, at 99 m.

The CAUSE OF DEATH was as follows:

Carcinoma of Cervix(duration) 3 yrs. 3 mos. 3 ds.CONTRIBUTORY
(SECONDARY)Acute Nephritis(duration) 2 yrs. 2 mos. 2 ds.18 Where was disease contracted
if not at place of death?Did an operation precede death? no. Date ofWas there an autopsy? no.What test confirmed diagnosis? Clinical

(Signed)

William F. Porter

, M.D.

(Address)

Winthrop

Date

Aug.11.1922.

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

20 UNDERTAKER

ADDRESS

Official
positionDate of
issue of
permit

Permit

No. 464

N. B. WHITE PLAIN, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association.]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Cart engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninginges, peritoneum, etc.*; *Carcinoma, Sarcoma, etc.*, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Colicaps," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Premia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

112

City or Town

Winthrop

No.

35 Coral Ave.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Rachel Sisonosky

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

35 Coral Ave.

St.

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Louis

6 AGE

Years

Months

Days

If LESS than

65

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

Russia

(State or country)

9 NAME OF
FATHER

Israel Miller

10 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

11 MAIDEN NAME
OF MOTHER

Etta Cannot be named

12 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

13

Informant
(Address)Louis Sisonosky
35 Coral Ave.

14

Filed Aug. 29 1922
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued.

S.A. Mowry

P. 969.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

August 18 - 1922
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 21 - 1921, to August 18, 1922

that I last saw her alive on August 18 - 1922

and that death occurred, on the date stated above, at 4:00 a.m.

The CAUSE OF DEATH was as follows:

Diabetes mellitus

arterio-sclerosis

(duration) 11 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

arterio-sclerosis

(duration) 5 yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory tests

(Signed) Mitchell Kirsol, M.D.

(Address) 103 Main St

Date August 18th 1922

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woburn
Chapel Mishnot Cem.

(Cemetery)

(City or town)

DATE OF BURIAL

Aug. 18 1922

19 UNDERTAKER

Mameel Stanetsky

ADDRESS

Boston

Official Health Officer

Date of
issue of permit

Aug 18 1922 465

Permit

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *A school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scullery, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gascolitis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 11, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

113

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

10 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug

19

1892

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan

1922

Aug 19

1922

that I last saw her

alive on

Aug 19

1922

and that death occurred, on the date stated above, at 11-40 A.M.

The CAUSE OF DEATH was as follows:

Bronchitis Pneumonia

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Brown, M.D.

(Address) 20 Crescent St. Revere

Date Aug 19 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

20 UNDERTAKER

ADDRESS

Kelley Hawer Winchester

Official position Health Officer Aug 19 1922

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 2d ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infantile," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

(City or town)

Registered No. 114

No. 103

Sargeant

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. 103 Sargeant

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

20

(Day)

22

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1922, to Aug 20, 1922.

that I last saw him alive on Aug 20, 1922.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Memia

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Chronic Nephritis

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry A. Kelly, M.D.

(Address) 200 Pleasant St.

Date Aug 21, 1922 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official
position

Health Officer

Date of
issue
of permit

Aug 21, 1922

Permit

No. 4 67.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association.]

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *22 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Draemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St.

Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug.

22

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July

9

, 19 22, to

Aug 22

, 19 22,

that I last saw him alive on August 22, 19 22,

and that death occurred, on the date stated above, at 8.45 A. m.

The CAUSE OF DEATH was as follows:

Acute military tuberculosis.

(duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death? not known.

Did an operation precede death? No Date of --

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory Test.

(Signed) Ernest M. Morris, M.D.

(Address) Ernest M. Morris,

Date Aug. 22/22 Captain, Med. corps.

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official position

Health officer

Date of issue

permit Aug. 23, 22

Permit

No. 468

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, meninges, peritoneum, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 85, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 85, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town) 116

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

116

City or Town

Waltham

No.

83 Somerset Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William Henry Brendige

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

83 Somerset Ave

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

25 years

months

days

How long in U. S., if of foreign birth?

32 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Lilla M. Brendige

6 AGE

Years

Months

Days

If LESS than

70

2

2

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired Sea Captain

(b) Name of employer

8 BIRTHPLACE (City)

P.E. Island

(State or country)

9 NAME OF
FATHER

James Brendige

10 BIRTHPLACE OF
FATHER (City)

P.E. Island

(State or country)

11 MAIDEN NAME
OF MOTHER

Mary Jane Miller

12 BIRTHPLACE OF
MOTHER (City)

England

(State or country)

13

Informant

Lilla M. Brendige

(Address)

83 Somerset Ave Waltham

14

Filed

Sept 1, 1922
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

August

22

1922
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

1920

, 19

to Aug 22ⁿ

, 1922

that I last saw him alive on

Aug 21st

, 1922

and that death occurred, on the date stated above, at 11:20 A.M.

The CAUSE OF DEATH was as follows:

Cancer (Carcinoma) of
stomach

(duration)

2 yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Clinical

(Signed)

S. M. McCall

M.D.

(Address)

224 Waltham St Waltham Mass

Date

Aug

25th1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Waltham - Mass

(Cemetery)

Cemety

(City or town)

DATE OF BURIAL

Aug 26th 1922

19 UNDERTAKER

C. P. Bennett

ADDRESS

Waltham Mass

Official
position

Health Officer

Date of
issue
of permit

Aug 25, 1922 No. 464

Permit

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *A school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Ins-ultation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, coliculis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a phys-ician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the phys-ician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

BOSTON

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

117

City or Town

Boston

No.

52 Trident

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Annie Spector

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

52 Trident Ave.

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

3 years

months

days

How long in U. S., if of foreign birth?

16 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR

DIVORCED (Write the word)

Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Samuel

6 DATE OF BIRTH

not known

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

62

-

-

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housework

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Russia

10 NAME OF FATHER

Nathan Glazer

11 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

12 MAIDEN NAME OF MOTHER

(State or country)

Sarah cannot be learned

13 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

14

Informant

(Address)

M. Spector
37 Beldin St. Wob.

15

Filed

Sept. 1, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-

dard certificate of death was filed with me

BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug

28

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

1921

, 19

to Aug

, 1922

that I last saw him alive on

Aug

, 1922

and that death occurred, on the date stated above, at

10 p.m.

The CAUSE OF DEATH was as follows:

uraemia

chronic nephritis

chronic endocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

(Address)

174 W. 1st St.

Woburn

Date

Aug

26

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

Grave of Boston Cem.

(City or town)

DATE OF BURIAL

Aug. 28th 1922

20 UNDERTAKER

Mannet Stanitsky

ADDRESS

Boston

Official position

Health Officer

Date of issue

of permit

8-28-22

Permit

No.

470

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the diseases CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Dreimia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Rutland

(City or town)

1 PLACE OF DEATH

County WorcesterState Mass.Registered No. 61

(Place of death)

City or Town RutlandNo. Rutland State Sanatorium St. WardRegistered No. 118

(Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis J. Grainger

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.City or Town Winthrop No. 49 Bartlett Road St.

(Usual place of abode)

Length of residence in city or town where death occurred years 7 months 6 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofEvelyn Grainger6 DATE OF BIRTH (month, day, and year) June 25, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>29</u>	<u>2</u>	<u>1</u>	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Orderly(b) Name of employer Rutland State Sanatorium9 BIRTHPLACE (city or town) East Boston,
(State or country) Mass.

PARENTS

10 NAME OF FATHER Dr. William H. Grainger11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)12 MAIDEN NAME OF MOTHER Mary LeBlanc13 BIRTHPLACE OF MOTHER (city or town) Brooklyn
(State or country) N.Y.14 Informant Miss Mary E. Fitzgerald
(Address) Rutland State Sanatorium15 Filed Aug. 26, 1922 Louis M. Haug
Registrar of city or town where death occurredFiled Aug. 5, 1922
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26 19 2217 I HEREBY CERTIFY, That I attended deceased from
Jan. 20, 1922, to Aug. 26, 1922,that I last saw him alive on Aug. 26, 1922,and that death occurred, on the date stated above, at 4: a.m.
The CAUSE OF DEATH* was as follows:Pulmonary tuberculosis(duration) 2 yrs. 7 mos. 6 ds.CONTRIBUTORY None
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physical findings
and X-ray(Signed) H. C. Hubbard, M.D.(Address) Rutland State Sanatorium19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Holy Cross,
Walden, Mass.

DATE OF BURIAL

Aug. 28, 1922

20 UNDERTAKER

John J. Fay

ADDRESS

Woodland St.
Worcester,
Mass.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Meningitis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely syn. *tomatic*), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until three shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths apparently due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSThe Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Mass

(City or town)

Registered No. 119

City or Town Winthrop Mass

No. Fort Banks, Mass.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JAMES S. SHANNON.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 28 Cambridge Terrace,
(Usual place of abode)

St., Ward. Cambridge, Mass.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

1

months

14

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

17

6

15

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Soldier

(b) Name of employer

8 BIRTHPLACE (City)

Cambridge

(State or country)

Mass

9 NAME OF
FATHER

Michael Shannon

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Bridget McNamee

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

13

Informant

Geo H Kelly

(Address)

East Cambridge

14

Filed

Sept 11 1922

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

S. J. Mccoy

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug

27

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

August 11

1922

to Aug 27

1922

that I last saw him alive on August 27

and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH was as follows:

General Peritonitis followed

by pneumonia. Caused by
perforated appendix

(duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY

Oedema of lungs.

(SECONDARY)

(duration) yrs. 6 hrs. ds.

17 Where was disease contracted
if not at place of death?

Camp Bevens Mass

Did an operation precede death? Yes Date of July 13/22

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Ernest M. Morris, M.D.

(Address) Captain, M.C. Fort Banks, Mass.

Date August 27/22 1922

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Cambridge cem Mass

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 29

19 UNDERTAKER

George H Kelly

ADDRESS

Cambr

Official
position

Health Officer

Date of
issue

of permit

Aug 27/22

Permit
No.

471

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Former or Planter, Physician, Composer, Archibut, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Groceries; (a) Foreman, (b) Automobile factory, return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indelinite); Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____
(Place of death)
City or Town Boston No. MASS. GENL. HOSPT. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

K. AMANDA SOMERVILLE

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 26 STURGIS St. _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MAR.

16 DATE OF DEATH (month, day, and year) AUG. 28 19 22

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

LAWSON C.

17 I HEREBY CERTIFY, That I attended deceased from AUG. 14, 19 22, to AUG. 28, 19 22, that I last saw h. ER alive on AUG. 28, 19 22.

and that death occurred, on the date stated above, at 10.50 A. m. The CAUSE OF DEATH* was as follows:

6 DATE OF BIRTH (month, day, and year) NOV. 28. 1865

7 AGE Years 56 Months 9 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

PULMONARY EMBOLISM

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

HOUSEWIFE

(b) Name of employer

9 BIRTHPLACE (city or town) (State or country)

HILLSBORO

P. E. I.

CONTRIBUTORY VENTRAL HERNIA (SECONDARY)

(duration) 4 yrs. _____ mos. _____ ds.

10 NAME OF FATHER JAMES MAC LAUCHLAN

18 Where was disease contracted if not at place of death? _____

11 BIRTHPLACE OF FATHER (city or town) (State or country) HILLSBORO P. E. I.

Did an operation precede death? YES Date of AUG. 17.

12 MAIDEN NAME OF MOTHER ELIZABETH A. DOUGLAS

Was there an autopsy? YES

13 BIRTHPLACE OF MOTHER (city or town) (State or country) MT. STEWART P. E. I.

What test confirmed diagnosis? _____

14 Informant RAE SOMERVILLE (Address)

(Signed) N. W. FAXON, M.D.

15 Filed AUG. 31, 1922 Edw. M. Glenen Registrar of city or town where death occurred

19 PLACE OF BURIAL, CREMATION, OR REMOVAL WINTHROP (WINTHROP CEM) DATE OF BURIAL AUG. 30 19 22

20 UNDERTAKER J. S. WATERMAN & SON ADDRESS _____

Filed Sept 16, 1922 _____ Registrar of city or town where deceased resided

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement, it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.; Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Sanile," etc.), "Prosy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County SuffolkState Mass.Registered No. 120City or Town WinthropNo. 88 Locust

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Emma Caroline Butler

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 88 Locust
(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Female white married5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofFrank H. Butler

6 AGE

74 Years4 Months4 Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife

(b) Name of employer

8 BIRTHPLACE (City)

Portland

(State or country)

Maine9 NAME OF
FATHERJames H. Kemp10 BIRTHPLACE OF
FATHER (City)

(State or country)

Maine11 MAIDEN NAME
OF MOTHERCaroline Jones12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Maine

13

Informant

Mabel Biglow

(Address)

88 Locust St.

14

Filed

Sept 1, 1922

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

August 27, 1922
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 21, 1922, to Aug 26, 1922that I last saw her alive on Aug 26, 1922and that death occurred, on the date stated above, at 10:37 m.

The CAUSE OF DEATH was as follows:

Arterio Sclerosisunknown (duration) yrs. mos. ds.CONTRIBUTORY Uremia Nephritis
(SECONDARY)unknown (duration) yrs. mos. ds.17 Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Horace J. Boule, M.D.(Address) 185 Winthrop St.Date Aug 30, 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winwood Evered
(Cemetery) (City or town)

DATE OF BURIAL

Aug. 31, 1922

19 UNDERTAKER

C. R. Bennison Winthrop

ADDRESS

Official position Health OfficerDate of issue of permit Aug. 30, 1922 Permit No. 472

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (c) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms; *Meselas; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meselas* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicaemia," "Puerperal, peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

1 PLACE OF DEATH

County

State

Massachusetts

Registered No.

121

City or Town

Winthrop

No.

52 Lincoln

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Annie M. Jordan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

52 Lincoln St

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Morris E.

6 DATE OF BIRTH

(Month)

(Day)

1859
(Year)

7 AGE

Years

Months

Days

If LESS than

63

1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

None

(b) Name of employer

9 BIRTHPLACE (City)

Corinth

(State or country)

Maine

10 NAME OF
FATHER

Luther Blanchard

11 BIRTHPLACE OF
FATHER (City)

Corinth

(State or country)

Maine

12 MAIDEN NAME
OF MOTHER

Emily Goodwin

13 BIRTHPLACE OF
MOTHER (City)

Corinth

(State or country)

Maine

14

Informant

Emily Blanchard Moore

(Address)

52 Lincoln St. Winthrop

15

Filed

Sept. 1, 1922
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug. 30, 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Aug. 10, 1922, to Aug. 30, 1922

that I last saw him alive on Aug. 30, 1922

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

Indef. (duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Valvular Heart Disease

Indef. (duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Wm. J. Porter, M.D.

(Address) Winthrop, Mass.

Date Aug. 31, 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

E. Corinth Maine

(Cemetery)

(City or town)

DATE OF BURIAL

9/1/22

20 UNDERTAKER

J. H. Waterman & Sons

ADDRESS

Boston

Official Health Officer of permit No. 473

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Gloucester

(City or town)

1 PLACE OF DEATH

County EssexState Mass.Registered No. 209

(Place of death)

City or Town GloucesterNo Moorland HotelRegistered No. 180

(Place of residence)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry S. Ashton,

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.

(Usual place of abode)

City or Town WinthropNo. 9 Woodside ParkSt. St.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

1877

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

45

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workPorter

(b) Name of employer

9 BIRTHPLACE (city or town)

Cambridge,

(State or country)

Mass.10 NAME OF FATHER Henry B. Ashton

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

England12 MAIDEN NAME OF MOTHER Mary Lawrence

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

EnglandAug. 31, 1923Address Gloucester, Mass.

14

Informant Mary Ashton,

(Address)

Winthrop, Mass.

15

Filed Aug. 31, 19 22Filed Aug. 31, 19 22

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30, 1922

17

I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....,

that I last saw him..... alive on....., 19.....,

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES,
state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL,
SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)Cerebral hemorrhage

(duration)..... yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration)..... yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) P. P. Moore,....., M.D.Address Gloucester, Mass.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop, Mass.Sept. 2, 19 22

20 UNDERTAKER

WILLARD S. PIKE

ADDRESS

Gloucester.

THIS IS A PRELIMINARY RECORD. 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.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia"); *Unqualified*, is indefinite; *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congestive"), "Senile" etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state

MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*, *Struck by railway train—accident*, *Revolver wound of head—homicide*, *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

127

City or Town

Winthrop
Boston

No.

20, Sturges (new Winthrop Hotel)
St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Kazia B Purdy

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

35 West 61st St, NYC

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Wm F Purdy

6 DATE OF BIRTH

January 6 1832
(Month) (Day) (Year)

7 AGE

90

Years

8 Months

1 Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

9 BIRTHPLACE (City)

St Andrews

(State or country)

N. Brunswick

PARENTS

10 NAME OF
FATHER

George Ballantine

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

12 MAIDEN NAME
OF MOTHER

Agnes Knight

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

14

Informant

Ada Plummer

(Address)

35 West 61st St, NYC

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Sept 6, 1922, to Sept 7, 1922

that I last saw him alive on Sept 6, 1922

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

C. J. Plummer

M.D.

(Address)

35 West 61st St, NYC

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Sept 7, 22

20 UNDERTAKER

Frederick B. Jaffe

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue

Sept 8, 22

Permit
No.

474

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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Steelman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsion, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phibiosis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or town)

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept

7

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at 4:45 P. m.

The CAUSE OF DEATH was as follows:

Natural Causes Probably
Chronic MyocarditisCONTRIBUTORY
(SECONDARY)17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Raymond B. Parker M.D.

(Address) Winthrop Board of Health

Date

Sept

(Month)

(Day)

1922

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Calvary

Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Sept 9, 1922

19 UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue

Sept 8, 1922 No. 475

Permit

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of sex. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

St. Ward

(If death occurred in a hospital or institution, give its NAME and street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years 5 months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant
(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept. 8

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug. 28

1922

to

Sept. 8

1922

that I last saw her alive on

Sept. 8

1922

and that death occurred, on the date stated above, at

129

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Arterio-sclerosis

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) William J. Porter, M.D.

(Address) 322 Shirley St. Wrentham

Date Sept. 8 1922.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Spring Hill

(Cemetery) (City or town)

DATE OF BURIAL

9/12/22

19 UNDERTAKER

Mrs

ADDRESS

Wrentham

Official

position

Date of
issue

of permit

9.9.22

Permit

No. 470

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foorman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *A school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), 20 da.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)
Registered No. *130*

1 PLACE OF DEATH

County *Suffolk*

State *Mass*

City or Town *Winthrop*

No. *29 Balsic ave*

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Erma Frances Higgins

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *29 Balsic ave*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

x years

x months

3 days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR or RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

x

x

3

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Winthrop Mass

9 NAME OF FATHER

William H. Higgins

10 BIRTHPLACE OF FATHER (City)

(State or country)

Brookline Mass

11 MAIDEN NAME OF MOTHER

Amy Belle Mann

12 BIRTHPLACE OF MOTHER (City)

(State or country)

East Boston Mass

13

Informant

Wm H. Higgins

(Address)

29 Balsic ave Winthrop

14

Filed

Sept 14 1922

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept. 12 1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept. 9, 1922, to Sept. 12, 1922

that I last saw *her* alive on *Sept. 11, 1922*

and that death occurred, on the date stated above, at *6 a. m.*

The CAUSE OF DEATH was as follows:

Acute Catarrhal enteritis,

(duration)

ys.

mos.

2 ds.

CONTRIBUTORY (SECONDARY)

(duration)

ys.

mos.

ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death?

No Date of

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

W. Willard Coy, M.D.

(Address)

34 Princeton St.

Date

Sept. 12

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop - Mount Hope

(Cemetery)

(City or town)

DATE OF BURIAL

9/13 - 1922

19 UNDERTAKER

C. R. Brown

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Official position

Asst. Officer

Date of issue of permit

9.22

Permit

No. *477*

WHITE PLAIN, WITH UNFADING BLACK INK. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be employed, as *At school or At home*, and children, not gainfully employed, as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral spinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis; Whooping cough; Chronic reticular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d dx; Bronchopneumonia* (secondary), *10 dx*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or Town)

131

City or Town

Winthrop

No.

10 Locust Street

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Madruga

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

10 Locust Street

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

-

6 DATE OF BIRTH

September 16, 1922

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

11

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) Name of employer

9 BIRTHPLACE (City)

Winthrop

(State or country)

10 NAME OF
FATHER

John Madruga

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Portugal

12 MAIDEN NAME
OF MOTHER

Ursula Rebello

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Portugal

14

Informant

John Rebello

(Address)

10 Locust Street

15

Filed

Sept 23, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J. R. Maguire

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept 16th 1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Sept 16th 8 a.m. 1922 to Sept 16th 7 P.M. 1922that I last saw him alive on Sept 16th 1922

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH was as follows:

Imperfect expansion of lungs

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)Premature birth
(duration) yrs. mos. ds.18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Augustus L. Sherman, M.D.

(Address)

9 Princeton St.
Date Sept 16th 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Michaels

(Cemetery)

Roslindale

(City or town)

DATE OF BURIAL

Sept, 20, 22

20 UNDERTAKER

ADDRESS

East Boston

Official
position

Health Officer

Date of
issue
of permit

9/20/22 No. 479

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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphentia* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 28 ds.; *Bronchopneumonia* (secondary); 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. I he shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

132

City or Town

Boston

No.

52 Bartlett Road

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edmond Martineau

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

52 Bartlett Road

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Jane E.

6 DATE OF BIRTH

(Month)

(Day)

(Year)

Nov. 29 1869

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

52

7

18

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Plumber

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

St Michael
Quebec10 NAME OF
FATHER

Paul

11 BIRTHPLACE OF
FATHER (City)

(State or country)

St Michael
Quebec12 MAIDEN NAME
OF MOTHER

Leytelle (unable to obtain)

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

St Michael
Quebec

PARENTS

14

Informant

(Address)

Jane E. Martineau
52 Bartlett Rd.

15

Filed

Sept 23 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stand-

ard certificate of death was filed with me

BEFORE the burial or transit permit was issued

J. L. Mooney

16 DATE OF DEATH

(Month)

(Day)

(Year)

Sept 16 1922

17

I HEREBY CERTIFY, That I attended deceased from

Feb 18th

, 1922, to

Sept 16

, 1922

that I last saw him alive on

Sept 16

, 1922

and that death occurred, on the date stated above, at

7.30 P.M.

The CAUSE OF DEATH was as follows:

Ischemic Heart

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Address)

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Holy Cross Malden

Sept. 19 1922

20 UNDERTAKER

ADDRESS

Heddy A. Magrath East Boston

Official

position

Date of

issue

of permit

9/18/22

Permit

No.

478

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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill*; (a) *Salesman, (b) Groceries*; (a) *Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall, in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

12,616.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Winthrop.
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk, State Mass., Registered No. 133
City or Town Winthrop (Water off Short Beach), St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

SABRA MAUDE (Maud) PEASE,
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 195 Pearl Avenue, St. Ward Revere.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur H. Pease

6 AGE Years 51. Months 6 Days 10 If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) Name of employer

8 BIRTHPLACE (City) Yarmouth N.S.
(State or country)

9 NAME OF FATHER Hiram MacKinnon

10 BIRTHPLACE OF FATHER (City) Yarmouth N.S.
(State or country)

11 MAIDEN NAME OF MOTHER Anna M. Dunham

12 BIRTHPLACE OF MOTHER (City) Yarmouth N.S.
(State or country)

13 Informant G. M. MacKinnon
(Address) Beachmont Mass

14 Filed Sept 30 1922
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by WAB

Official position

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept. 19, 1922.
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Asphyxiation by immersion (drowning), following invasion of the neck, under circumstances unknown.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) George Augustus Wright, M.D.

(Address)

Medical Examiner for Suffolk County,
Date September 20, 1922.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Woodlawn Cem Everett DATE OF BURIAL Sept 29
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER J. Schaterman ADDRESS Boston

21 Date of issue Sept 28 1922

Permit No. 6729

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

Reverse Notified

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Sept. 19, 1922.

WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

21 years

months

days.

How long in U. S., if of foreign birth?

35 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 31, 1922, to Sept 21, 1922

that I last saw him alive on Sept 21, 1922

and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH was as follows:

Pericardial Anasarca

(duration) yrs. 6 mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed)

M. E. Johnson, M.D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official
position

Health Officer

Date of
issue
of permit

9, 23, 22

Permit

No. 482

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. —

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dug laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Nephritis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mexelas* (disease causing death), *99 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "P^{RE}-PERAL septicemia," "P^{RE}PERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 53, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
City or Town **Boston** No. **11**, No. **MONROE TER.** St., **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **8196**
(City or town)
Registered No. **136**
(Place of death)
(Place of residence)

2 FULL NAME **FRANCES E. FOSTER**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **St.**
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **FEMALE** 4 COLOR OR RACE **WHITE** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

16 DATE OF DEATH (month, day, and year) **SEPT. 24** 19 **22**

5a If married, widowed, or divorced
HUSBAND of **ALBERT FOSTER**
(or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from
AUG. 19 **22**, to **SEPT. 24**, 19 **22**,
that I last saw h. **ER.** alive on **SEPT. 23**, 19 **22**,
and that death occurred, on the date stated above, at **3** P.m.
The CAUSE OF DEATH* was as follows:

6 DATE OF BIRTH (month, day, and year) **OCT. 20 1833**

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
88 **11** **4**

VALVULAR HEART DISEASE
AORTIC & MITRAL

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

CONTRIBUTORY (SECONDARY)

9 BIRTHPLACE (city or town) **LEESVILLE CONN**
(State or country)

PARENTS
10 NAME OF FATHER **JOSEPH WHITMORE**
11 BIRTHPLACE OF FATHER (city or town) **UNKNOWN**
(State or country) **CONN.**
12 MAIDEN NAME OF MOTHER **ELECTRA UNKNOWN**
13 BIRTHPLACE OF MOTHER (city or town) **UNKNOWN CONN.**
(State or country)

18 Where was disease contracted if not at place of death?
Did an operation precede death? **NO** Date of
Was there an autopsy? **NO**
What test confirmed diagnosis? **NONE**
(Signed) **FRANCES X. CORR**, M.D.
19 **22** (Address) **215 NEPONSET AVE.**

14 Informant **A. N. UPHAM**
(Address) **231 COURT RD. WINTHROP**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **NORWICH CONN** DATE OF BURIAL **SEPT. 26** 19 **22**

15 Filed **SEP. 27**, 19 **22** **EWM Glenen**
Registrar of city or town where death occurred
Filed **SEP. 27**, 19 **22**
Registrar of city or town where deceased resided

20 UNDERTAKER **J. E. WATERMAN & SONS** ADDRESS **BOSTON**

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation; using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anomia" (merely syn. tonic), "Atrophy," "Collapse," "Coma," "Convulsions," "Tebilly" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 49.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 8.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

City or Town

Boston

No. PETER B. BRIGHAM HOSP.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HENRY JOSEPH STONE

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS.

City or Town WINTHROP

No. 236 LINCOLN

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

MALE

4 COLOR OR RACE

WHITE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MARRIED

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

ALMA ELIZABETH GRAHAM

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

29

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

MACHINIST

(b) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

CHELSEA
MASS

10 NAME OF FATHER

NEWELL STONE

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

SWAMPSCOTT
MASS

12 MAIDEN NAME OF MOTHER

CLARA L. HARRINGTON

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

EAST BOSTON

14

Informant
(Address)

ALMA E. STONE

236 LINCOLN ST. WINTHROP MASS

15

Filed

SEP. 27, 1922

EDWIN Glenen
Registrar of city or town where death occurred

Filed

SEP. 25, 1922

Registrar of city or town where deceased resided

16 DATE OF DEATH (month, day, and year) SEPT. 25 1922

17 WE

WE
I HEREBY CERTIFY, That I attended deceased from

SEPT. 23, 1922, to SEPT. 25, 1922,

that I last saw him alive on SEPT. 25, 1922,

and that death occurred, on the date stated above, at 2:50 A.M.

The CAUSE OF DEATH* was as follows:

ACUTE MASTOIDITIS

PURULENT MENINGITIS

(duration) yrs. mos. 7 ds.

CONTRIBUTORY STAPHYLOCOCCUS

(SECONDARY)

SEPTICEMIA

(duration) yrs. mos. 2 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? LABORATORY

(Signed)

EDWIN R. LEWIS ASST. SUPT. M.D.

, 1922 (Address) PETER B. BRIGHAM HOSP.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

SWAMPSCOTT CEM.

DATE OF BURIAL

SEPT 27 1922

20 UNDERTAKER

C. R. BENNISON

ADDRESS

WINTHROP
MASS.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (d) Grocery, (e) Foreman, (f) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meninges* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Lethargy," "Congestional," "Senile," "etc.," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-fluence," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscer-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

THIS IS A CHILDREN'S RECORD. 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH **Sex** **Mass.** Registered No. **298**
 County **Denver** State **Denver State Hospital** Registered No. **133**
 City or Town No. St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Louis S. Day** (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. State **Mass.** City or Town **Winthrop** No. St.
 (Usual place of abode)
 Length of residence in city or town where death occurred **-1** years **1** months **20** days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **male** 4 COLOR OR RACE **white** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5a If married, widowed, or divorced
 HUSBAND of **Martha Day**
 (or) WIFE of

6 AGE **37** Years Months Days If LESS than 1 day,.....hrs. or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Concrete worker**
 (b) Name of employer

8 BIRTHPLACE (city or town) **Maine**
 (State or country)

9 NAME OF FATHER **Frank Day**

10 BIRTHPLACE OF FATHER (city or town) **Maine**
 (State or country)

11 MAIDEN NAME OF MOTHER **Menale Gould**

12 BIRTHPLACE OF MOTHER (city or town) **Maine**
 (State or country)

13 Informant **Clasie Roth**
 (Address) **Hatborne, Mass.**

14 Filed **10-9-22** **C. P. R. L. Chan**
 Registrar of city or town where death occurred
 Filed **Oct. 10, 1922**
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **Sep. 29, 1922.**
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **Aug. 9, 1922** to **Sep. 29, 1922**
 that I last saw him alive on **Sep. 29, 1922**
 and that death occurred, on the date stated above, at **11.05 A.M.**
 The CAUSE OF DEATH was as follows:
General Paralysis of the Insane

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
 Did an operation precede death? **no** Date of
 Was there an autopsy? **no**
 What test confirmed diagnosis? **no**
 (Signed) **Jay C. Randall**, M.D.
 10/7/22. (Address) **Hatborne, Mass.**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **Camden, Camden, Me.** DATE OF BURIAL **10/2/22**

19 UNDERTAKER **J. H. Logue** ADDRESS **Boston**

PARENTS

[Approved by U. S. Census and American Public Health Association]

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (d) *Grocery*; (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 4B, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 4B.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct. 1

1922

to

19

that I last saw him alive on

19

and that death occurred, on the date stated above, at

m.

The CAUSE OF DEATH was as follows:

Still born
(Brach Delevery)

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

William J. Parler

M.D.

Date Oct. 2, 1922.

(Address)

Winthrop Mass.

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official

position

Date of
issue

of permit

10, 2, 22

Permit

No.

481

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Oct. 1, 1922.
[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report officially the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report more symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Colicaps," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Tewksbury

(City or town)

1 PLACE OF DEATH

County MiddlesexState Massachusetts.City or Town TewksburyNo. State Infirmary

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 332

(Place of death)

Registered No. 152

(Place of residence)

St. Ward2 FULL NAME John White

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Massachusetts City or Town Winthrop

(Usual place of abode)

No. St.

Length of residence in city or town where death occurred

years 3 months 5 days.

How long in U. S., if of foreign birth?

45 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAnnie Haskins

6 AGE

Years

70

Months

2

Days

18

If LESS than

1 day, hrs.or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Stable man

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

Germany

9 NAME OF FATHER

Charles White

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

Prussia

11 MAIDEN NAME OF MOTHER

Christina Krueger

12 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Prussia

13

Informant

(Address)

Hospital Records.

14

Filed

10/4/

19

22

Registrar of city or town where death occurred

Filed

Nov 11, 1922

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH October

(Month)

4, 1922

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from
June 29 22 to Oct. 4, 1922that I last saw him alive on Oct. 4, 1922and that death occurred, on the date stated above, at 3:05 A.M.

The CAUSE OF DEATH was as follows:

Arteriosclerosis(duration) + yrs. mos. ds.CONTRIBUTORY Chronic Myocarditis

(SECONDARY)

(duration) + yrs. mos. ds.17 Where was disease contracted Winthrop
if not at place of death?Did an operation precede death? NO Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) W. A. MacIntyre M.D.(Address) State Infirmary, Tewksbury

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop, WinthropOct. 6, 1922

19 UNDERTAKER

ADDRESS

C. R. Bennison, Winthrop, Mass.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 89 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congestial," "Senile" etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "In-nitition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, mibeac-riafage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop Mass
(City or town)

1 PLACE OF DEATH

County *Suffolk*

State

Registered No. *139*City or Town *Winthrop*No. *90 Shore Drive* St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Margaret F Pratt

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *90 Shore Drive*
(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months *22* days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Female* *White* *Single*
*American*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

22

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

*None*8 BIRTHPLACE (City) *Strong Hospital East Boston Mass*(State or country) *Massachusetts*9 NAME OF
FATHER*Lyman E. Pratt*10 BIRTHPLACE OF
FATHER (City)*Reading*

(State or country)

*Massachusetts*11 MAIDEN NAME
OF MOTHER*Katherine B Morris*12 BIRTHPLACE OF
MOTHER (City)*Loch Lomond*

(State or country)

Nova Scotia

13

Informant

Lyman H. Pratt

(Address)

90 Shore Drive Winthrop Mass

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct
(Month)*6*
(Day)*1922*
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 5, 1922, to *Oct 6*, 1922,that I last saw her alive on *Oct 6*, 1922,and that death occurred, on the date stated above, at *11* A m.

The CAUSE OF DEATH was as follows:

Congenital Heart Disease(duration) yrs. mos. *22* ds.CONTRIBUTORY
(SECONDARY)*Infection Diarrhea*(duration) yrs. mos. *3* ds.17 Where was disease contracted
if not at place of death? *at place of birth*Did an operation precede death? *No* Date of *—*Was there an autopsy? *No*

What test confirmed diagnosis?

Personal Autopsy

(Signed)

R. B. Parker

, M.D.

(Address)

Winthrop Mass

Date

Oct
(Month)*6*
(Day)*1922*
(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Laurel Hill Reading Mass
(Cemetery) (City or town)

DATE OF BURIAL

Oct 8, 1922

19 UNDERTAKER

Frank D. Edgerley Reading Mass

ADDRESS

Official
position*Health Officer*Date of
issue
of permit*10/6, 22*

Permit

No. *482*

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 and extracts from the laws on back of certificate.

Oct. 6, 1923.

R-302
N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. **8622**

(Place of death)

City or Town **Boston** No. **ST. ELIZ. HOSP.**

Registered No. **140**
(Place of residence)

St. **Ward**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **JOSEPH DYCE**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS** City or Town **WINTHROP** No. **26** **NEVADA** St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of **JESSIE**

6 DATE OF BIRTH (month, day, and year) **MAR. 24. 1851**

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
71 **6** **13**

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **DRY GOODS SUPT.**

(b) Name of employer

9 BIRTHPLACE (city or town) **SCOTLAND**
(State or country)

PARENTS
10 NAME OF FATHER **JOHN**
11 BIRTHPLACE OF FATHER (city or town) **SCOTLAND**
(State or country)
12 MAIDEN NAME OF MOTHER **JANET GRANT**
13 BIRTHPLACE OF MOTHER (city or town) **SCOTLAND**
(State or country)

14 Informant **MR. H. REINHARD**
(Address)

15 Filed **OCT. 13, 1922** **E. W. M. Glenen**
Registrar of city or town where death occurred
Filed **1922**
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **OCT. 7, 1922**

17 I HEREBY CERTIFY, That I attended deceased from
SEPT. 6, 1922, to OCT. 7, 1922,
that I last saw him **live on OCT. 7, 1922,**
and that death occurred, on the date stated above, at **1.40 P. M.**
The CAUSE OF DEATH* was as follows:

PROSTATIC OBSTRUCTION

(duration) yrs. mos. ds.
CONTRIBUTORY **BRONCHIAL PNEUMONIA**
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?
Did an operation precede death? **YES** Date **OCT. 2**
Was there an autopsy? **(PROSTATECTOMY)**
What test confirmed diagnosis?
(Signed) **G. R. BAXTER**, M.D.
1922 (Address) -----

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
FOREST HILLS CEM.

DATE OF BURIAL
OCT. 10, 1922

20 UNDERTAKER
F. E. BROWN

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Issued by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.; Carcinoma, Sarcoma, etc., of . . .* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely sym.omatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebidity" ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL, septicemic," "PUERPERAL, peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or the agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until the certificate shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town) 8642

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
City or Town **Boston** No. **MASS. GEN. HOSPT.**

Registered No. (Place of death)
Registered No. **141** (Place of residence)

2 FULL NAME **LAWRENCE R. REYNOLDS**

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **25 WALDEMAR** St. **Ward**

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **CHARLOTTE**

6 DATE OF BIRTH (month, day, and year) **APR. 22, 1878**

7 AGE Years **44** Months **5** Days **17** If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (city or town) **CAMBRIDGE** (State or country)

10 NAME OF FATHER **STEPHEN W. REYNOLDS**

11 BIRTHPLACE OF FATHER (city or town) **CHATHAM** (State or country)

12 MAIDEN NAME OF MOTHER **ADA VOSE**

13 BIRTHPLACE OF MOTHER (city or town) **BOSTON** (State or country)

14 Informant **MRS. REYNOLDS** (Address)

15 Filed **OCT. 13, 1922** **E. W. M. Glenen** Registrar of city or town where death occurred

Filed **11.21.1921** Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **OCT. 9** 1922

17 I HEREBY CERTIFY, That I attended deceased from **OCT. 7**, 1922, to **OCT. 9**, 1922, that I last saw him alive on **OCT. 9**, 1922, and that death occurred, on the date stated above, at **10.50 P. m.** The CAUSE OF DEATH* was as follows:

CHR. NEPHRITIS, URAEMIA, ALBUMENURIC RETINITIS, BRONCHO-PNEUMONIA

(duration) yrs. mos. ds.

CONTRIBUTORY **BRONCHO-PNEUMONIA** (SECONDARY)

(duration) yrs. mos. ds. **3**

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **L. R. WHEELER**, M.D., 1922 (Address) **OCT. 9**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

MEDFORD (OAK GROVE)

20 UNDERTAKER

J. S. WATERMAN & SONS

DATE OF BURIAL

OCT. 12 1922

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 23 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely syn-tomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Eclampsia," "Congestive," "Santle," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Ins-nition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pul-mony"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS. GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths and im-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

142

City or Town

Wintthrop

No.

271 Shirley

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

James Herbert Irving

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

271 Shirley

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

9

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Susan Irving

6 DATE OF BIRTH

Sept 23, 1858

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

64

0

18

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Carpenter

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Baltimore
New Brunswick10 NAME OF
FATHER

George Irving

11 BIRTHPLACE OF
FATHER (City)

Baltimore

(State or country)

New Brunswick

12 MAIDEN NAME
OF MOTHER

Jane Milton

13 BIRTHPLACE OF
MOTHER (City)

New Brunswick

(State or country)

14

Informant

(Address)

Susan Irving (Wife)
271 Shirley St. Wintthrop

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct

11

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19,

that I last saw him alive on, 19,

and the death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Branchial Arteries

(duration) 1 yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

At Home

Did an operation precede death? FOR WHAT?

no

Date of

Was there an autopsy? no.

What test confirmed diagnosis?

Personal investigation

(Signed)

Raymond B. Parker

M.D.

(Address)

Wintthrop Board of Health

Date

Oct

13

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Bellevue - Lawrence Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

Oct 14, 1922

20 UNDERTAKER

Robert J. Belyea

ADDRESS

72 Almont St.

Official
positionDate of
issue

Date of permit

11/3/22

Permit

No.

48

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

12,665

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Registered No.

143

City or Town

Winthrop

No.

42 Franklin

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sella M. White

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

42 Franklin

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

10 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Colored

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

George E. White

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

54

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

Danville

(State or country)

- Va -

9 NAME OF
FATHER

Amos E. White

10 BIRTHPLACE OF
FATHER (City)

" " "

(State or country)

" " "

11 MAIDEN NAME
OF MOTHER

Matilda Slauter

12 BIRTHPLACE OF
MOTHER (City)

Amos E. White

(State or country)

" " "

13

Informant

Geo. E. White

(Address)

42 Franklin St. Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 Burial permit
issued by

J. J. Barry

Official
position

Luther G. G. G.

21 Date of
issue

11/13/22

Permit
No.

453

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct. 11

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:

Natural Causes

Cardiac vascular disease -

(Found dead)

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed) George Augustus Maguire, M.D.

(Address)

Medical Examiner for

Suffolk

Date

Oct. 11

1922

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Winthrop - Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Oct. 14 - 22

(Month) (Day) (Year)

19 UNDERTAKER

C. R. Bennett

ADDRESS

Winthrop

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVE FOR BINDING

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Oct. 11. 1922

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState Mass.Registered No. 144City or Town WinthropNo. I Wilshire St.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine Donahoe

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. St. John No. 2

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofPatrick Donahoe

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

88

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home

(b) Name of employer

8 BIRTHPLACE (City)

Ireland

(State or country)

9 NAME OF

FATHER Jeremiah Murphy

10 BIRTHPLACE OF

FATHER (City)

(State or country) Ireland11 MAIDEN NAME
OF MOTHERMary Burke

12 BIRTHPLACE OF

MOTHER (City)

(State or country) Ireland

13

Informant Miss M. Harris(Address) I Wilshire St. Winthrop

14

Filed Oct 16 1932

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1932, to Oct 15, 1932that I last saw him alive on Oct 15, 1932and that death occurred, on the date stated above, at 1:30 A m.

The CAUSE OF DEATH was as follows:

arterio-sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) J. F. O'Malley, M.D.(Address) 336 Winthrop St.Date Oct 15 1932

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

St. John N.E.

(City or town)

Oct 18/32

19 UNDERTAKER

ADDRESS

John F. O'Malley Winthrop

Official position

Date of issue of permit

Permit

No. 485

N.B. WHITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or even up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Goma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gas gangrene, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by a physician by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Worcester*

City or Town *Northbridge*

State *Mass.*

Registered No. *145*

No. *59*

St. *Ward*

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *100*

(Usual place of abode)

St. *Ward*

Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 16, 19*22*, to *Oct 20*, 19*22*,

that I last saw *him* alive on *Oct 20*, 19*22*,

and that death occurred, on the date stated above, at *10* m.

The CAUSE OF DEATH was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M.D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

Official
position

Date of
issue of
permit

Permit

No. *48*

Oct. 20, 1923.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

Nov. 1, 1922

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept 30, 1922, to Oct 24, 1922.

that I last saw him alive on Oct 23, 1922.

and that death occurred, on the date stated above, at 4:45 p.m.

The CAUSE OF DEATH was as follows:

Premature (7 mo)

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

M.D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official

position

Health Officer

Date of

issue

of permit

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *39 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asystolia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by a physi-cian or the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths ap-parently due to injury. These include not only deaths caused directly or indirectly by traumatic action (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No. 115 Summit are St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

12 years - months - days.

How long in U. S., if of foreign birth?

years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Lena. F. Price

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

59

6

17

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Floor Manager

(b) Name of employer

Wm. H. H. Co.

8 BIRTHPLACE (City)

(State or country)

Jackson Ill.

9 NAME OF FATHER

Phileman. B. Price

10 BIRTHPLACE OF FATHER (City)

(State or country)

Lexington Ky

11 MAIDEN NAME OF MOTHER

Elizabeth. Hume

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Lexington Ky

PARENTS

13

Informant

(Address)

Lena. F. Price

115 Summit are

14

Filed

Nov. 1, 1922

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct

25

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 14, 1922, to Oct 25, 1922,

that I last saw him alive on Oct 25, 1922,

and that death occurred, on the date stated above, at 4:15 A. M.

The CAUSE OF DEATH was as follows:

Central Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Arterio Sclerosis

(duration) 3 yrs. + mos. ds.

17 Where was disease contracted if not at place of death?

at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) R. B. Parker, M.D.

(Address) W. H. H. Co. Man

Date Oct 25, 1922

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

W. H. H. Co. Cambridge

(Cemetery)

Mass

(City or town)

DATE OF BURIAL

Oct 27-1922

19 UNDERTAKER

C. R. Penman

ADDRESS

W. H. H. Co.

Official position

Health Officer

Date of issue

of permit

122 22

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *A school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *10 ds. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.*

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths and possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Winthrop
~~Boston~~

No. 412

Shirley

St. 5-6 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary E. Hall

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 412 Shirley

St. 5-6 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

19 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Colored

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Benj Hall

6 DATE OF BIRTH

(Month)

(Day)

1879
(Year)

7 AGE

Years

Months

Days

If LESS than

73

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Greene Va

10 NAME OF FATHER

Archib Bland

11 BIRTHPLACE OF FATHER (City)

Greene

(State or country)

Va

12 MAIDEN NAME OF MOTHER

(Carolyne) Cant be traced

13 BIRTHPLACE OF MOTHER (City)

Greene

(State or country)

Va

14

Informant

Benj Hall

(Address)

412 Shirley St

15

Filed

Nov. 1, 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J. R. Moore
9/24

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct. 27, 1922

(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from

May 1, 1922, to Oct. 27, 1922,

that I last saw her alive on Oct. 26, 1922,

and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH was as follows:

Carcinoma of Cervix Uteri

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

Cervical

(Signed)

William Porter

M.D.

(Address)

Winthrop, Mass.

Date

October 25, 1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt. Hope

(Cemetery)

Boston

(City or town)

DATE OF BURIAL

Oct 29 1922

20 UNDERTAKER

J. B. Wright

ADDRESS

Boston

Official position

Health Officer

Date of issue

128, 22

Permit

No. 488

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very

important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (c) *Stinner*, (b) *Cotton mill*, (a) *Soldeman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths undoubtedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

PARENTS

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19, to

, 19,

that I last saw h. alive on , 19,

and that death occurred, on the date stated above, at 3:00 a. m.

The CAUSE OF DEATH was as follows:

Still born

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official
positionDate of
issue
of permit

Permit

No. 49

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, mentioning, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Cervicæa will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County

State

Registered No. 150

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Theodor Bengtson

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

66

6

20

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

At home

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Sweden

10 NAME OF
FATHER

Ludvig Höjberg

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Sweden

12 MAIDEN NAME
OF MOTHER

Margrah - Unknown

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Sweden

14

Informant

(Address)

Pamela Bengtson

851 Barlett Rd.

15

Filed

Nov 1 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Albert J. Smith

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct

29

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

July

, 1922, to

Oct 29

, 1922,

that I last saw him

alive on

Oct 29

, 1922

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH was as follows:

Acute dilatation of heart

(duration) yrs. mos. ds.

CONTRIBUTORY

Chronic Gastritis

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

J. Carey Atelly

M.D.

(Address)

200 Pleasant St.

Date

Oct 30

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

Forest Hills Roxbury

(City or town)

DATE OF BURIAL

Oct 31

1922

20 UNDERTAKER

ADDRESS

Frank E. Brown

C. Boston

Date of

issue

1030'22

Permit

No. 420

Official

position

Secretary

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mines*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 222.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the city or town in which the person died. . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 29, Sec. 28.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 29, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winchist
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

151

City or Town

Winchist

No.

179 Pauline St

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Benjamin Baby Knudson 3rd

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

179 Pauline

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Winchist

(State or country)

Mass

9 NAME OF
FATHER

Benjamin Knudson Jr.

10 BIRTHPLACE OF
FATHER (City)

East Boston

(State or country)

Mass

11 MAIDEN NAME
OF MOTHER

Eleanor C. Sheldon

12 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

Mass

13

Informant

Benjamin Knudson Jr.

(Address)

179 Pauline Winchist Mass

14

Filed

Nov. 1 1922

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

Arthur J. Smith

Official
position

Secretary

Date of
issue
of permit

11/30/22

Permit

No. 489

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct

29

(Month)

(Day)

1922

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 23

1922

to

Oct 29

1922

that I last saw him alive on

Oct 29

1922

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH was as follows:

Congenital Deafness

Premature Birth at 6 months

(duration) yrs. mos. 7 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pulmonary Observation

(Signed)

Raymond B. Parker, M.D.

(Address)

Winchist Mass

Date

Oct 29

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winchist Mass

(Cemetery)

Winchist (City or town)

DATE OF BURIAL

Oct 30 1922

19 UNDERTAKER

C. R. Beaman

ADDRESS

Winchist

[Approved by U. S. Census and American Public Health Association]

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or of a person authorized to act for him, or of a member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Tailor, Carpenter, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *A school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insult," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts
City or Town Boston No. MASS. GEN. HOSPT. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 9292

(Place of death)

Registered No. 174

(Place of residence)

2 FULL NAME CHARLOTTE SNEIDER

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 108 SHIRLEY St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SIN.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day,.....hrs. or.....min. 3 22

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (city or town) BOSTON
(State or country)

10 NAME OF FATHER MAX SNEIDER

11 BIRTHPLACE OF FATHER (city or town) RUSSIA
(State or country)

12 MAIDEN NAME OF MOTHER ETTA SHORE

13 BIRTHPLACE OF MOTHER (city or town) RUSSIA
(State or country)

14 Informant FATHER
(Address)

16 DATE OF DEATH (month, day, and year) OCT. 31 19 22

17 I HEREBY CERTIFY, That I attended deceased from OCT. 30, 19 22, to OCT. 31, 19 22, that I last saw h. ER alive on OCT. 31, 19 22, and that death occurred, on the date stated above, at 10.04 p.m. The CAUSE OF DEATH* was as follows:

BIRTH PARALYSIS & ATELECTASIS

(duration).....yrs.....mos.....ds.
CONTRIBUTORY BRONCHO-PNEUMONIA
(SECONDARY)

(duration).....yrs.....mos.....ds. 7

18 Where was disease contracted if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) G. A. MAC IVER M.D.
, 19 22 (Address) NOV. 1

19 PLACE OF BURIAL, CREMATION, OR REMOVAL WOBURN (BETH JOSEPH) DATE OF BURIAL NOV. 1 19 22

20 UNDERTAKER MANUEL STANETSKY ADDRESS

15 Filed NOV. 8, 19 22 E. W. M. Glenen
Registrar of city or town where death occurred

Filed 19 1923 19 Registrar of city or town where deceased resided

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housecook*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin). "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms). *Measles*; *Whooping cough*; *Chronic scarlet fever*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthemia," "Anemia" (merely syn. toæmic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 8.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized diseases unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No. 153

City or Town

Winthrop

No. 532 Shirley St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frederic Brown

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

532 Shirley

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widower

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

the late Martha Brown

6 AGE

Years

73

Months

6

Days

8

If LESS than

1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

retired

(b) Name of employer

unable to obtain

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

Wm. Brown

10 BIRTHPLACE OF
FATHER (City)

Wolfeboro

(State or country)

N. H.

11 MAIDEN NAME
OF MOTHER

Elyia Woodman

12 BIRTHPLACE OF
MOTHER (City)

unable to obtain

(State or country)

13

Informant

C. R. Benson

(Address)

Winthrop Mass

14

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov
(Month)1
(Day)1922
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 20, 1922, to Nov 1, 1922,

that I last saw him alive on Nov 1, 1922,

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease

CONTRIBUTORY

(SECONDARY)

(duration) 2 yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) Raymond B. Parker, M.D.

(Address)

Winthrop Mass

Date

Nov
(Month)3
(Day)1922
(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Mass

(Cemetery)

(City or town)

DATE OF BURIAL

Nov 4
1922

19 UNDERTAKER

C. R. Benson

ADDRESS

Winthrop Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Albert J. Smith
4.75

Official position

Secretary

Date of issue of permit

Nov 2, 1922

Permit

No. 472

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*: *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 85, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. **9312**

(Place of death)

City or Town **Boston** No. **CITY HOSPT.** St. **Ward**

Registered No. **129**

(Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

FLORENCE JONES

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **18** **TEWKSBURY** St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WID.**

16 DATE OF DEATH (month, day, and year) **NOV. 1** 1922

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

STEPHEN JONES

17 I HEREBY CERTIFY, That I attended deceased from

, 19. to, 1922

that I last saw h. alive on, 1922

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

6 DATE OF BIRTH (month, day, and year) ----

7 AGE Years Months Days If LESS than 1 day, hrs. or min. **67** **10** **8**

RABIES ?

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

AT HOME

(b) Name of employer

9 BIRTHPLACE (city or town) (State or country)

CALAIS ME.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

10 NAME OF FATHER **RICHARD CREASEY**

18 Where was disease contracted if not at place of death?

11 BIRTHPLACE OF FATHER (city or town) (State or country) **MINNEAPOLIS MINN**

Did an operation precede death? Date of

Was there an autopsy?

12 MAIDEN NAME OF MOTHER **MARY J. FRAZIER**

What test confirmed diagnosis?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) **CALAIS ME.**

(Signed) **TIMOTHY LEARY M.D.** M.D. , 1922 (Address)

NOV. 1

14 Informant **A.F. BENSON** (Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **NASHUA, N.H. (WOODLAWN)**

DATE OF BURIAL **NOV. 3** 1922

15 Filed **NOV. 3, 1922** **E.W.M. Glenen** Registrar of city or town where death occurred

20 UNDERTAKER **C.R. BENNISON**

ADDRESS **WINTHROP**

Filed **Nov 27, 1923** Registrar of city or town where deceased resided

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.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Shiner*, (b) *Colton mill*, (c) *Salemian*, (d) *Grocery*, (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin. "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely syn. *toma*tic), "Atrophy," "Collapse," "Coma," "Convulsions," "Erbility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 86, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

(City or town)

Registered No. 154

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female White Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Michael

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

57

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.....

At Home.

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Sydney N.S.

9 NAME OF
FATHER

Angus MacKinnon

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Sydney N.S.

11 MAIDEN NAME
OF MOTHER

Florence Steele

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Sydney N.S.

13

Informant

(Address)

Michael Paschal
68 Vernon St.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

J. C. Gray

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

Nov

9

(Day)

19

(Year)

22

16

I HEREBY CERTIFY, That I attended deceased from

Oct 9

, 1922, to

Nov 6

, 1922,

that I last saw her alive on

Nov 6

, 1922,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Embolism

(duration) sudden yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Nervitis - Neuralgia -

Gen Debility (duration)

yrs. 6

mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

D. B. Hurley

M.D.

(Address)

158 Princeton St

EB

Date

Nov 10

1922

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

Winthrop Winthrop

DATE OF BURIAL

Nov. 10/22

19 UNDERTAKER

(Address)

John F. D. Macey

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue

11/1/22

Permit

No. 493

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 and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. If or many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*. *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housekeeper*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds., *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthema," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 135
City or Town Winthrop No. 18 Prescott St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Charity H. Pinkham

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 18 Prescott St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced
HUSBAND of Alexander B. Pinkham
(or) WIFE of

6 AGE Years 80 Months 3 Days 8 If LESS than 1 day.....hrs. or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) Sandwich
(State or country) Mass

9 NAME OF FATHER Soloman Jones

10 BIRTHPLACE OF FATHER (City) Sandwich
(State or country) Mass.

11 MAIDEN NAME OF MOTHER cannot be learned

12 BIRTHPLACE OF MOTHER (City) cannot be learned
(State or country)

13 Informant Everard W. Pinkham
(Address) 18 Prescott St.

14 Filled (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Albert J. Smith
42

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 11 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1922, to Nov 11, 1922.

that I last saw her alive on Nov 11, 1922.

and that death occurred, on the date stated above, at 8:00 A.M.

The CAUSE OF DEATH was as follows:

Acute enteritis
[Enteritis]

(duration) 7 yrs. 1 mos. 2 ds.
CONTRIBUTORY (SECONDARY) Chronic enteritis

17 Where was disease contracted if not at place of death? Chronic

Did an operation precede death? no FOR WHAT? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Chronic

(Signed) William J. Belyea, M.D.

(Address) 114 W. 4th St. Mass

Date Nov 11 1922
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Hope - Boston
(Cemetery) (City or town)

DATE OF BURIAL Nov 12, 1922

19 UNDERTAKER Robert J. Belyea

ADDRESS 7-2 Dudley St. 72 Belmont St.

Official position Secretary Date of issue of permit 11/11/22 No. 474

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninginges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Int-nition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pul-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — Gen. Laws, Chap. 89, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 89, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Margaret

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

68

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Retired

Iron Moulder

8 BIRTHPLACE (City)

(State or country)

Ireland

9 NAME OF
FATHER

William

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Agnes Collins

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13 Informant

(Address)

Louise Powers
44 Bowdoin St.

14 Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.Albert S. Smith
g.f.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 21, 1922, to Nov. 11, 1922,

that I last saw him alive on Nov. 11, 1922,

and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH was as follows:

Chronic nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. M. M. M., M.D.

(Address) 358 Winthrop St.

Date Nov 12 1922 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

St. Paul's Burlington Nov 14, 22

19 UNDERTAKER

ADDRESS

John F. O'Malley Win.

Official position Secretary

Date of
issue of permit

11/13/22 No. 495

Permit

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archivist, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonum, etc., Carcinoma, Sarcoma, etc., of . . .* (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia; If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

302
Every item of information should be
causE OF DEATH in plain terms,
PHYSICIANS should state
Exact statement of OCCUPATION is very important. See instructions on back
of certificate.
so that it may be properly classified.
carefully supplied. AGE should be stated EXACTLY.
with one added for
each year of age.
0.0.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
City or Town **Boston** No. **MASS. HOME O. HOSPT.**

Registered No. **9743**
(Place of death)
Registered No. **173**
(Place of residence)

2 FULL NAME

MARGARET SHEPHERD

(a) Residence. State **MASS.** City or Town **WINTROP** No. **36 ATLANTIC** St. **Ward**
(Usual place of abode) (If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WID.**

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of
JOHN H.

6 DATE OF BIRTH (month, day, and year)

7 AGE Years **45** Months **6** Days **26** If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **AT HOME**
(b) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

SCOTLAND

PARENTS
10 NAME OF FATHER **WILLIAM MC KACHNIE**
11 BIRTHPLACE OF FATHER (city or town) **SCOTLAND**
(State or country)
12 MAIDEN NAME OF MOTHER **-----**
13 BIRTHPLACE OF MOTHER (city or town) **SCOTLAND**
(State or country)

14 Informant **JEANIE H. SHEPHERD**
(Address)

15 Filed **NOV. 17 1922** **EWM Glenew**
Registrar of city or town where death occurred
Filed **NOV. 19 1922**
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **NOV. 13 1922**

17 I HEREBY CERTIFY, That I attended deceased from **OCT. 2**, 19 **22**, to **NOV. 13**, 19 **22**, that I last saw h. **ER.** alive on **NOV. 13**, 19 **22**, and that death occurred, on the date stated above, at **11.55 P.** The CAUSE OF DEATH* was as follows:

PULM. EMBOLUS

(duration) yrs. mos. ds.
CONTRIBUTORY **VARICOSE VEINS (BOTH LIMBS)**
(SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? **YES** Date of **OCT. 5**
Was there an autopsy? **YES**
What test confirmed diagnosis?
(Signed) **H. M. POLLOCK**, M.D.
19 22 (Address) **NOV. 14**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **WINTHROP** DATE OF BURIAL **NOV. 15 1922**
20 UNDERTAKER **C. R. BENNISON** ADDRESS **WINTHROP**

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of..... (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia" (merely synonymous), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State causes for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 58, Sec. 6.*

. . . It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

No.

(City or town)

Registered No.

157

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED. (write the word)

Female

Negro

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

1

4

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov.

(Month)

15

(Day)

1922

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Nov. 13

, 1922, to

Nov. 15

, 1922

that I last saw her alive on

Nov. 15

, 1922

and that death occurred, on the date stated above, at

6-30 P. m.

The CAUSE OF DEATH was as follows:

Marasmus.

(duration)

yrs. 6

mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration)

yrs. 1

mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed)

William F. Porter

, M.D.

(Address)

Winthrop

Date

Nov.

15

1922

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official
position

Secretary

Date of
issue
of permit

11/16/22

Permit

No. 412

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sawyer*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *Housework*), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insult," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. **9820**
(Place of death)
City or Town **Boston** No. **B.C.H. RELIEF HOSPT.** Registered No. **176**
(Place of residence)
(If death occurred in a hospital or institution, give its NAME instead of street and number) St. **Ward**

2 FULL NAME **JOHN FOX**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **15 MOORE** St. **St.**
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WID.**

16 DATE OF DEATH (month, day, and year) **NOV. 16 1922**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **IDA B.**

17 I HEREBY CERTIFY, That I attended deceased from

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day, hrs. or min. **68 1**

, 19 to , 1922
that I last saw h. alive on , 1922

and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

If STILLBORN, enter that fact here

NATURAL CAUSES. CARDIO-VASCULAR

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **SHIPPER**

DISEASE (SUDDEN DEATH COLLAPSED WHILE AT WORK)

(b) Name of employer

9 BIRTHPLACE (city or town) **GAGETOWN** (State or country) **N.B.**

(duration) yrs. mos. ds.

10 NAME OF FATHER **REUBEN FOX**

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

11 BIRTHPLACE OF FATHER (city or town) (State or country)

18 Where was disease contracted if not at place of death?

12 MAIDEN NAME OF MOTHER **MARY**

Did an operation precede death? Date of

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Was there an autopsy?

What test confirmed diagnosis?

14 Informant **W.M. CLARKE** (Address)

(Signed) **GEORGE BURGESS MAGRATH M.D. EX.**

, 1922 (Address) **NOV. 17**

15 Filed **NOV. 20, 1922** **E.W.M. Glenen** Registrar of city or town where death occurred

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **FOREST HILLS** DATE OF BURIAL **NOV. 19 1922**

20 UNDERTAKER **H.S. HATCH** ADDRESS **BRK.**

Filed **1923**, 19 Registrar of city or town where deceased resided

carefully supplied. Ad. should be stated EXACTLY. Informants should state EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back so that it may be properly classified. of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely syn. *tomatic*), "Atrophy," "Colic," "Coma," "Convulsions," "Lab. ty" ("Congenital," "Santle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Worcester
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Nov. 12, 1922, to Nov. 18, 1922,

that I last saw him alive on Nov. 18, 1922,

and that death occurred, on the date stated above, at 12 P. M.

The CAUSE OF DEATH was as follows:

John Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M.D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Worcester
(Cemetery)

(City or town)

Nov - 20
1922

19 UNDERTAKER

ADDRESS

C.R. Benson

Worcester

Official
position

Secretary

Date of
issue
of permit

Permit

No. 497

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on forms part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Ins-nition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral, septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, malar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or town)

Registered No. 159

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

25 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Married

5a If married, widowed, or divorced

HUSBAND
(or) WIFE of

Chas. E. Rich

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

65

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

at Home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Pawtucket

Rhode Island

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

Jonathan Collier

Pawtucket

Rhode Island

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Mary Ann Paine

Pawtucket

Rhode Island

13

Informant

(Address)

CR Bennison

Worcester, Mass

14

Filed

(Month) (Day) (Year)

Dec. 7 1932

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-

dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov

24

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Nov 15

1922

to

Nov 24

1922

that I last saw him alive on

Nov 24

1922

and that death occurred, on the date stated above, at 2:50 m.

The CAUSE OF DEATH was as follows:

Coronary thrombosis
Tuberculosis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

, M.D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Worcester

(Cemetery)

(City or town)

Nov 24/1922

19 UNDERTAKER

ADDRESS

Worcester

Official
positionDate of
issue
of permit

1/27/22

Permit

No. 498

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester

(City or town)

1 PLACE OF DEATH

County Worcester

State Mass

Registered No.

(Place of death)

City or Town Worcester

No. Worcester State Hospital

Registered No. 160

(Place of residence)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Axel Sholander

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass

City or Town Linthorp

No. ---

St.

(Usual place of abode)

Length of residence in city or town where death occurred 1 years 2 months 15 days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ---

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

43

7

14

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Laborer

(b) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Sweden

PARENTS

10 NAME OF FATHER Axel

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Sweden

12 MAIDEN NAME OF MOTHER Augusta Hagman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Sweden

11

14 Informant Worcester State Hospital

(Address)

Records

15 Filed Nov 28, 1922

Registrar of city or town where death occurred

Filed Nov 28, 1922

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 19 22

17 I HEREBY CERTIFY, That I attended deceased from

Sept 9, 19 21, to Nov 24, 19 22,

that I last saw him alive on Nov 24, 19 22,

and that death occurred, on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

General paralysis of the insane

(duration) 4 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death? ---

Did an operation precede death? no Date of

Was there an autopsy? ---

What test confirmed diagnosis? Wassermann

(Signed) Manly B Root, M.D.

24 1922 (Address) Worcester

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt Hope

Boston

DATE OF BURIAL

Nov 26 19 22

20 UNDERTAKER

Charles O Nordling

ADDRESS

Boston

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.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. This material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Bronchopneumonia* ("Pneumonia," unequalled, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis", etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated

under the head of "Contributory" (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea

(City or town)

1 PLACE OF DEATH

County Suffolk

State Mass.

City or Town Chelsea

No. Memorial Hosp.

St. Ward

Registered No. 655

(Place of death)

Registered No. 163

(Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eugene Russell Lewis

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.

City or Town Winthrop

No. 42 Moore

St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Jennie P. Lewis

6 AGE

Years

Months

Days

If LESS than

68

--

--

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Decorator

(b) Name of employer

Filenes Dept. Store, Boston

8 BIRTHPLACE (city or town)

(State or country)

Stratford, Conn.

9 NAME OF FATHER

Almon

10 BIRTHPLACE OF FATHER (city or town)

Barnstable, Mass.

(State or country)

11 MAIDEN NAME OF MOTHER

Mary Trask

12 BIRTHPLACE OF MOTHER (city or town)

Georgetown, Me.

(State or country)

13

Informant

Jennie P. Lewis

(Address)

42 Moore St. Winthrop, Mass.

14

Filed Nov. 27, 1922

Registrar of city or town where death occurred

Filed Jan. 6, 1923

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov. 25

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept.

1922

to Nov. 25

1922

that I last saw him alive on

Nov. 25

1922

and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH was as follows:

Carcinoma of rectum

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

Obstruction of bowels

(duration) yrs. 1 mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Oct. 14/22

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Percy Rowe

M.D.

, 19

(Address)

218 Main St. Nov. 25/22

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop,

Winthrop

Nov. 28/22

19 UNDERTAKER

ADDRESS

C.R. Bennet

Winthrop

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or even up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *Note*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *2d do., Bronchopneumonia* (secondary); *10 do.* Never report mere symptoms or terminal conditions, such as "Asphensia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, whom last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. They shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or town)

Registered No. 161

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day..... hrs.

or..... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Nov. 12, 1922 to Nov. 27, 1922

that I last saw him alive on Nov. 25, 1922

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease

(duration)

2 yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

Chronic Brights Disease

(duration)

7 yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

George A. Nuttall, M.D.

(Address)

118 Princeton St

Date

Nov. 28, 1922

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official
positionDate of
issue
of permit

Permit

No. 499

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

Approved by U. S. Census and American Public Health Association

no occupation whatever, write *None*.

PERAL septicemia, "Puerperal peritonitis," etc.

Cordiacases will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

require. — *Gen. Laus, Chap. 114, Sec. 45.*

— *Gen. Laus, Chap. 38, Sec. 6.*

— Gen. Laws, Chap. 38, Sec. 7.

(3) Medical examiners will investigate and certify to all deaths and possibly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(City or Town)

County

State

Registered No. 162

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

77

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov
(Month)28
(Day)1922
(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Dec 8

1919

to

Nov 28

1922

that I last saw her alive on Nov 28, 1922,

and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration) yrs. 8 mos. ds.

CONTRIBUTORY
(SECONDARY)

Active - Sclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Personal Observation

(Signed)

R B Parker

M.D.

(Address)

Wentworth Mass

Date

Nov

28

1922

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wentworth Cemetery

(City or town)

Dec. 1, 1922

20 UNDERTAKER

ADDRESS

Frank C. Brown

Official
position

Secretary

Date of
issue
of permit

12/1/22

Permit

No. 6

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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* report "Pneumonia," unqualified, as indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Cerebrum, Serosum, etc., of . . .* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbentia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.

00,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

Registered No. 10306
(Place of death)

Registered No. 177
(Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts
City or Town Boston No. CITY HOSPT St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARJORIE RILEY

(a) Residence. State MASS. City or Town WINTHROP No. 9 CENTRE St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MAR

5a If married, widowed, or divorced HUSBAND of (or) WIFE of THOMAS J.

6 DATE OF BIRTH (month, day, and year)

7 AGE 35 Years Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) Name of employer

9 BIRTHPLACE (city or town) BOSTON
(State or country)

10 NAME OF FATHER THOMAS MANNING

11 BIRTHPLACE OF FATHER (city or town) IRELAND
(State or country)

12 MAIDEN NAME OF MOTHER MARY MC HUGH

13 BIRTHPLACE OF MOTHER (city or town) IRELAND
(State or country)

14 Informant HUSBAND
(Address)

15 Filed DEC. 5, 1922 E. W. M. Glenen
Registrar of city or town where death occurred

Filed 10, 19 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC. 1 1922

17 I HEREBY CERTIFY, That I attended deceased from NOV. 30, 1922, to DEC. 1, 1922, that I last saw h. ER alive on DEC. 1, 1922, and that death occurred, on the date stated above, at 8.32 P. M. The CAUSE OF DEATH* was as follows:

SCARLET FEVER

(duration) yrs. mos. ds.
CONTRIBUTORY LOBAR PNEUMONIA-SEPTIC-
(SECONDARY) AEMIA (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) S. H. WEINER, M.D.
, 1922 (Address) DEC. 1

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
MALDEN (HOLY CROSS) DEC. 3 1922

20 UNDERTAKER ADDRESS
J. F. O'MALEY WINTHROP

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. If many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Artificer, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 89 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely *sym. stomato*), "Atrophy," "Collapse," "Coma," "Convulsions," "Lability" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County -

City or Town

State

(City or town)

Registered No.

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

at 1, 19, to 5, 19.

that I last saw him alive on 5, 19.

and that death occurred, on the date stated above, at 12 A. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration)

yrs.

2 mos.

ds.

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

19 UNDERTAKER

DATE OF BURIAL

ADDRESS

Official
positionDate of
issue
of permit

Permit

No. 271

N. B. WHITE PLAIN; WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information
in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See
instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses; Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory secondary or intercurrent affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintthrop

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

165

City or Town

Boston

No.

18 Sea Foam Ave. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Helen Izen

(a) Residence. No.

18 Sea Foam Ave.

Ward.

Wintthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years 2 months

days

How long in U. S., if of foreign birth?

16 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Joseph

6 AGE

60

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Housework

(b) Name of employer

8 BIRTHPLACE (City)

Russia

(State or country)

9 NAME OF
FATHER

Rubin Izen

10 BIRTHPLACE OF
FATHER (City)

Russia

11 MAIDEN NAME
OF MOTHER

Dora cannot be learned

12 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

PARENTS

13

Informant

Bessie Izen

(Address)

18 Sea Foam Ave.

14

Filed

Dec 29 1922

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Albert J. Smith

Official position

Secretary

Date of issue of permit

12/13/22

Permit No.

502

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

December

12

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

October 25, 1922, to

Dec. 12, 1922

that I last saw her alive on

Dec. 12, 1922

and that death occurred, on the date stated above, at

8.30 P. m.

The CAUSE OF DEATH was as follows:

Bronchopneumonia

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

Pernicious Anemia

17 Where was disease contracted
if not at place of death?

FOR WHAT

Did an operation precede death?

No

Date of

Was there an autopsy?

What test confirmed diagnosis?

Blood examination

(Signed)

Ernest P. Bisbee

M.D.

(Address)

777 Tremont St.

Date

December 13, 1922

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Golden Crown Cem.

(Cemetery)

DATE OF BURIAL

Dec. 13 1922

19 UNDERTAKER

Mamek Stanetsky

ADDRESS

Boston

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archivist, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Sanie," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

X3 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

William H. Gibbons

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

56

11

23

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Housewife

8 BIRTHPLACE (City)

(State or country)

Randolph Mass

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Timothy DeMull

Ireland

Ellen Roach

Ireland

13

Informant

(Address)

William H. Gibbons

25 Buchanan St

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

15

(Day)

1922

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 1, 1922, to April 15, 1922,

that I last saw him alive on April 15, 1922,

and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH was as follows:

Tubercular pneumonia

(duration)

yrs.

mos.

5 ds.

CONTRIBUTORY
(SECONDARY)

Chronic duodenitis

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Charles F. Welton, M.D.

(Address)

350 Winthrop St

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Mary's

(Cemetery)

Randolph Dec. 8, 1922

(City or town)

19 UNDERTAKER

ADDRESS

R. T. DeMull

Residence

Official
positionDate of
issue
of permit

12/17/22

Permit

No. 513

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbemia," "Anemia" (merely symptomatic), "Atrophy," "Congestive," "Coma," "Convulsions," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

167

City or Town

Winthrop

No.

137 River

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Dora Sacks

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

137 River Rd.

St.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

2 years

months

days

How long in U. S., if of foreign birth?

22 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Abraham

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

55 Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housework

(b) Name of employer

9 BIRTHPLACE (City)

Russia

(State or country)

10 NAME OF
FATHER

Michael Sacks

11 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

12 MAIDEN NAME
OF MOTHERLeanne
Hinda cannot be13 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

14

Informant
(Address)Mrs. A. Goldberg
137 River Rd.

15

Filed

Dec 24 1922

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Albert J. Smith

Official
position

Secretary

Date of
issue
of permit

12/31/22

Permit

No. 504

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 20,

1922

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan

, 1922, to

December

, 1922,

that I last saw him alive on

Dec. 17,

, 1922,

and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH was as follows:

arterio-sclerosis

CONTRIBUTORY
(SECONDARY)(duration) 4² yrs. mos. ds.Hypertension
D. abeta mellitus(duration) 4² yrs. mos. ds.18 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood pressure, heart

(Signed) Albert Ashen

M.D.

(Address) 32 Ward Way Ave.

Date

Dec 23,

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Israel Cem.

(Cemetery)

(City or town)

Dec. 21 1922

20 UNDERTAKER

ADDRESS

Mannell Plautsky Boston

Dec. 20, 1922,

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Rensselaer Laws, Chap. 89, Secs. 10 and 1, as amended by Acts of 1910, Chap. 582.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent; . . . no such person from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selection for the purpose, shall upon

can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths **possibly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

168

City or Town

Winthrop

No.

77 Bowdoin St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Henry Jacob Lindley

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

77 Bowdoin

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

1

years

6

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

74

74

11

10

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Claim Agent

(b) Name of employer

Eastern Steamship Co

8 BIRTHPLACE (City)

Watertown

(State or country)

Mass

9 NAME OF
FATHER

Warren J. Lindley

10 BIRTHPLACE OF
FATHER (City)

Providence

(State or country)

R.I.

11 MAIDEN NAME
OF MOTHER

Liden G. White

12 BIRTHPLACE OF
MOTHER (City)

Bristol

(State or country)

Mass

13

Informant

Mary G. Bailey

(Address)

Schreveling Ma

14

Filed

Dec 29 1922

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Walter J. Smith

Official
position

Secretary

Date of
issue
of permit

12/22/22

Permit

No. 5

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec

21

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec 12, 1922, to Dec 21, 1922

that I last saw him alive on Dec 21, 1922

and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH was as follows:

Acute Myocarditis

(duration).....yrs.....mos.....ds.

CONTRIBUTORY
(SECONDARY)

Chronic Interstitial Nephritis

(duration).....yrs.....mos.....ds.

17 Where was disease contracted
if not at place of death?

At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation

(Signed)

Raymond B. Parker, M.D.

(Address)

Winthrop Mass

Date

Dec

22

1922

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Watertown Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Winthrop
Cambridge
12/23-1922

19 UNDERTAKER

C R Bennett

ADDRESS

Winthrop Mass

N. B. - WHITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., etc.* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Ins- tinct," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer- peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Com- mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri- mary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar- riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re- quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory cer- tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a phys- ician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer- tificate. . . . The person to whom the permit is so given and the phys- ician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; oth- erwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths sup- posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Middlesex

State

Mass.

City or Town

N. Reading

No.

N. Reading State Sanatorium St., Ward

2 FULL NAME

Ellen Taylor

(a) Residence, State

(Usual place of abode)

Mass.

City or Town

Winthrop

No.

110 Bowdoin

St.

Length of residence in city or town where death occurred

years

3

months

3

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

7

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Thomas C.

6 DATE OF BIRTH (month, day, and year)

Jan 17 1888

7 AGE

Years

34

Months

11

Days

9

If LESS than

1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife

(b) Name of employer

9 BIRTHPLACE (city or town)

Chelsea

(State or country)

Mass.

10 NAME OF FATHER

George Howell

11 BIRTHPLACE OF FATHER (city or town)

Watlik

(State or country)

Mass.

12 MAIDEN NAME OF MOTHER

Ellen Gartner

13 BIRTHPLACE OF MOTHER (city or town)

Pine Island Island

(State or country)

14

Informant

(Address)

Hospital, Revere

N. Wilmington Mass.

15

Filed

Dec 19, 1922

Registrar of city or town where death occurred

Filed

1923

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Dec. 26 1922

17

I HEREBY CERTIFY, That I attended deceased from

Sept. 23, 1922, to Dec. 26, 1922

that I last saw him alive on Dec. 26, 1922

and that death occurred, on the date stated above, at 6.40 P. M.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Tuberculosis of Lungs

Prothia

(duration) 2 yrs. 7 mos. 3 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Not known

Did an operation precede death? No, Date of

Was there an autopsy? None

What test confirmed diagnosis? Phys. Examination & X-ray

(Signed)

Joseph W. Redden

M.D.

26, 1922 (Address)

N. Wilmington Mass.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop

Winthrop

Dec 28, 1922

20 UNDERTAKER

ADDRESS

R. B. Bennis

Winthrop Mass.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia"); *Unqualified*, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, *septicemia*," "Puerperal, *peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—*accident*; *Revolver wound of head*—*homicide*; *Poisoned by carbolic acid*—*probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Attleboro

(City or town)

1 PLACE OF DEATH

County Bristol

State Mass

Registered No. 265

(Place of death)

City or Town Attleboro

No. 218 County

Registered No. 170

(Place of residence)

St. 2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Delia S. Swint

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass

(Usual place of abode)

City or Town Winthrop No. 81 Otis

St.

Length of residence in city or town where death occurred

years 9 months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

John W. Swint

6 DATE OF BIRTH (month, day, and year) May 19 1848

7 AGE 74

Years

7 Months

9 Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) Name of employer

9 BIRTHPLACE (city or town) Melrose
(State or country) Mass

PARENTS

10 NAME OF FATHER Henry Richardson

11 BIRTHPLACE OF FATHER (city or town) Hartford
(State or country) Conn

12 MAIDEN NAME OF MOTHER Catherine Simmonds

13 BIRTHPLACE OF MOTHER (city or town) Bristol
(State or country) N.H.14 Informant Mrs. C. M. Robbins
(Address) Attleboro

15 Filed Dec. 30 19 22

Registrar of city or town where death occurred

Filed Jan. 1, 1923

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 1922

17 I HEREBY CERTIFY, That I attended deceased from
Dec. 26, 1922, to Dec. 28, 1922,

that I last saw her alive on Dec. 28, 1922,

and that death occurred, on the date stated above, at 10:30 P. M.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration).....yrs.....mos. 3 ds.

CONTRIBUTORY Arterio Sclerosis
(SECONDARY)

(duration).....yrs.....mos. 3 ds.

18 Where was disease contracted
if not at place of death? ----

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W. E. Rounseville, M.D.
Address Attleboro

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn Attleboro

DATE OF BURIAL

Dec. 31 1922

20 UNDERTAKER

C. F. Stone

ADDRESS

Attleboro

while EXAMINING with care and accuracy the information furnished. 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.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely *symptomato*), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Lebility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittees on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health.** Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths un-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

171

City or Town

Boston

No.

26

Beacon St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Samuel Gilman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

26

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

1 year

6 months

days

How long in U. S., if of foreign birth?

40 years

— months

— days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Sammy Gilman

6 AGE

Years

Months

Days

If LESS than

60

—

—

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Cigar maker

(b) Name of employer

8 BIRTHPLACE (City)

Russia

(State or country)

9 NAME OF
FATHER

David Gilman

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

11 MAIDEN NAME
OF MOTHER

Ethel Sweet

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

13

Informant

Harry Gilman

(Address)

11 Beacon St. Boston

14

Filed

Jan 2, 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-

dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Albert S. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec.

28

1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec. 26, 1922, to Dec. 28, 1922,

that I last saw him alive on Dec. 27, 1922,

and that death occurred, on the date stated above, at 8.0 m.

The CAUSE OF DEATH was as follows:

Angine Pectoris.

Shy.

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

Grippe

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

Clinical

(Signed)

William J. Potts

M.D.

(Address)

North St. Mass.

Date

Dec.

28

1922

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Burial in the cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Dec 28, 1922

19 UNDERTAKER

Max Salomonson

ADDRESS

580 Blue Hill Ave

Official

position

Secretary

Date of
issue

of permit

12/28/22

Permit

No. 630

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

WHILE FILLING IN THIS FORM, PHYSICIANS SHOULD BE CAREFUL TO FURNISH COMPLETE INFORMATION. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Compositor*, *Architect*, *Levee-dike engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Cars should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Tebility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

11215

(City or town)

1 PLACE OF DEATH

County SUFFOLK

State MASS.

City or Town BOSTON

No. E.B. RELIEF STA.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GRACE C. SHOREY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. (Usual place of abode)

City or Town WINTHROP

No. 12 COTTAGE AVE. - St.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

RALPH W.

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

46

4

20

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

AT HOME

(b) Name of employer

8 BIRTHPLACE (city or town)

WORCESTER

(State or country)

9 NAME OF FATHER

THOMAS L. BRAMORE

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

11 MAIDEN NAME OF MOTHER

GRACE L. PERCHARD

12 BIRTHPLACE OF MOTHER (city or town)

PAXTON

(State or country)

CONN.

13

Informant

HUSBAND

(Address)

14

Filed

DEC. 30

Registrar of city or town where death occurred

Filed

DEC. 30, 19

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

DEC. 28

1922

(Month)

(Day)

(Year)

18

I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....,

that I last saw h..... alive on....., 19.....,

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

BURNS OF FACE, BODY & EXTREMITIES
CAUSED BY APPLICATION BY HERSELF,
OF KEROSENE TO A FIRE OF SOFT
COAL IN A HEATING FURNACE

(duration)..... yrs..... mos..... ds.

CONTRIBUTORY

(SECONDARY)

(duration)..... yrs..... mos..... ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) GEORGE BURGESS MACRATH M.D., EX.

19 (Address)

DEC. 28

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WINTHROP (WINTHROP CEM)

DATE OF BURIAL

DEC. 30

19 UNDERTAKER

C. R. BENNISON

ADDRESS

WIN.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less defining; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *2d de.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 55, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~Boston~~
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 172
City or Town Boston Winthrop 14 Charles Street St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Napoleon Ethier
14 Charles Street

(a) Residence. No. 14 Charles Street Ward. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 3 years 0 months 0 days
How long in U. S., if of foreign birth? 50 years 0 months 0 days
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a If married, widowed, or divorced HUSBAND of <u>Mary S.</u> (or) WIFE of		
6 AGE <u>62</u>	Years <u>3</u>	Months <u>1</u>
Days <u>1</u>		If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
If STILLBORN, enter that fact here		

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Barber
(b) Name of employer

8 BIRTHPLACE (City)

Montreal
(State or country) Quebec

PARENTS

9 NAME OF FATHER <u>Can not be learned</u>
10 BIRTHPLACE OF FATHER (City) <u>unk</u> (State or country) <u>Canada</u>
11 MAIDEN NAME OF MOTHER <u>Can not be learned</u>
12 BIRTHPLACE OF MOTHER (City) <u>unk</u> (State or country) <u>Canada</u>

13 Informant Mrs Julia B Hatch
(Address) 14 Malcolm St Boston

14 Filed 2, 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 30 1922
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1921, to Mar 20, 1922, that I last saw him alive on Mar 29, 1922, and that death occurred, on the date stated above, at 9 A m. The CAUSE OF DEATH was as follows:

Influenza Pneumonia
(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

(duration) 0 yrs. 0 mos. 0 ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?
Did an operation precede death? no Date of no
Was there an autopsy? no

What test confirmed diagnosis?

(Signed) P. J. McKim, M.D.
(Address) 356 Winthrop St
Date Jan 20 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Waverley Cem Marblehead Mass DATE OF BURIAL Jan 1
(Cemetery) (City or town)

19 UNDERTAKER

J. S. Waterman Boston ADDRESS

Official position Secretary Date of issue of permit 12/31/22 Permit No. 508

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Assthema," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility," "Congenital," "Sanile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, negroosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

173

City or Town

Winthrop

36 Forest St. Winthrop

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Daniel Gilgoff

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

36 Forest St. Winthrop

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

4

months

days

How long in U. S., if of foreign birth?

32

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Ida

6 AGE

52

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Grocer

(b) Name of employer

8 BIRTHPLACE (City)

Russia

(State or country)

9 NAME OF
FATHER

Joseph M. Gilgoff

10 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

11 MAIDEN NAME
OF MOTHER

Dora cannot be

12 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

13

Informant

Ida Gilgoff

(Address)

36 Forest St.

14

Filed

(Month) (Day) (Year)

20 Burial permit
issued by

Albert J. Smith

Official
position

Secretary

21 Date of
issue

12/31/22

Permit
No.

557

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec-30-1922

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:asphyxiation due to
illuminating gas.
SuicidalFound dead in his own bed
in a gas filled room

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

at his home

(Signed)

H. S. S. S. S.

, M.D.

(Address)

426 Long Ave

Medical Examiner for

Suffolk

Date

Dec

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Beth Joseph Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Dec 31 1922

(Month) (Day) (Year)

19 UNDERTAKER

Mannet Stanetsky

ADDRESS

Boston

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." — "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Dec. 30. 1927



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState MassRegistered No. 1City or Town WinthropNo. 132 Park St.St. WinthropWard 1

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George Harding Foster

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 132 Park St.St. WinthropWard. 1

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed

6 AGE

Years 1Months 4Days 11

If LESS than

1 day, 11 hrs.or 11 min.If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

(b) Name of employer

8 BIRTHPLACE (City) 53 West 83d St(State or country) N.Y.9 NAME OF
FATHER George James Foster10 BIRTHPLACE OF
FATHER (City) Wentworth(State or country) Mass.11 MAIDEN NAME
OF MOTHER Wendy Foster12 BIRTHPLACE OF
MOTHER (City) Wentworth(State or country) Mass.13 Informant George James Foster(Address) 132 Park St. Winthrop

14

Filed Jan 2 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transport permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 2 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec 29 1922, to Jan 2 1923,that I last saw him alive on Jan 2 1923,and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia(duration) 3 yrs. 3 mos. 3 ds.

CONTRIBUTORY

(SECONDARY)

Exhaustion(duration) 8 yrs. 8 mos. 8 ds.17 Where was disease contracted
not at place of death? yesDid an operation precede death? no Date of —Was there an autopsy? noWhat test confirmed diagnosis? Postural Observation(Signed) Raymond B Parker, M.D.(Address) 145 Winthrop St WinthropDate Jan 2 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wentworth

(Cemetery)

(City or town)

DATE OF BURIAL

Jan 4. 1923.

19 UNDERTAKER

ADDRESS

WentworthOfficial
positionSecretaryDate of
issue
of permit 1/7 23

Permit

No. 51

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archibed, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . .* (name origin. "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — Gen. Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths apparently due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

~~BOSTON~~

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

2

City or Town

Winthrop ~~Boston~~

No.

45 Chester Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Horton N

Chambelain

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

45 Chester Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Rheta M. Chamberlain

6 DATE OF BIRTH

June

20

1872

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

50

6

13

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Salesmanager

(b) Name of employer

9 BIRTHPLACE (City)

Jamaica Plain

(State or country)

Mass

10 NAME OF

FATHER

N. B. Chamberlain

11 BIRTHPLACE OF
FATHER (City)

Madison

(State or country)

Maine

12 MAIDEN NAME

OF MOTHER

Lida J. Chamberlain

13 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

Mass

14

Informant

E. L. Chamberlain

(Address)

45 Chester Ave

15

Filed

Jan. 10, 1923

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

Albert J. Smith

Official

position

Secretary

Date of

issue

of permit

1/13/23

Permit

No.

5

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan

2

1923

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Dec 9

1922

to Jan

2

1923

that I last saw him alive on

Jan

1

1923

and that death occurred, on the date stated above, at 1:30 A. M.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis
Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Yes

FOR WHAT?

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Pusmal Observation

(Signed)

Raymond B. Parker

M.D.

(Address)

Winthrop Mass

Date

Jan

2

1923

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Hills

(Cemetery)

(City or town)

DATE OF BURIAL

Jan 4, 1923

20 UNDERTAKER

E. L. Burke

ADDRESS

Jamaica Plain

RETURN OF CERTIFICATES OF DEATH

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Cart engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manger," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic scarlet heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childhood or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

2 FULL NAME

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by

Official position

21 Date of issue

Permit No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

Day

Year

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Organic Heart Disease
(Aortic regurgitation,
specific aortitis, and
aneurysm of the first part
of descending aorta)
Sudden death

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed)

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

(Month) (Day) (Year)

19 UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

Medfield
(city or town)

Norfolk

Mass

Registered No. # 3

Medfield

No. State Hospital

St. Ward

Arthur M. Murphy

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

Wentworth Mass

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by

Official position

21 Date of issue

Permit No.

15 DATE OF DEATH

(Month)

Day

Year

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Organic Heart Disease
(Aortic regurgitation,
specific aortitis, and
aneurysm of the first part
of descending aorta)
Sudden death

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed)

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

(Month) (Day) (Year)

19 UNDERTAKER

ADDRESS

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." — "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan. 3, 1923.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

4

City or Town

~~Boston~~ Winthrop7 Sturgis st, St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Giuseppe Spano
7 Sturgis st

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (Write the word)

Male

White

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

1

1

X

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Winthrop Mass

9 NAME OF
FATHER

Giovanni

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Italy

11 MAIDEN NAME
OF MOTHER

Concetta Conti

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Italy

PARENTS

13

Informant

(Address)

Father
7 Sturgis st

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Albert J. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan 3, 1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec 25, 1922, to Jan 3, 1923

that I last saw him alive on Jan 3, 1923

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted

If not at place of death? Yes FOR WHAT?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) C. B. Parker, M.D.

(Address)

Winthrop near

Date

(Month)

(Day)

1923

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Cem.

(City or town)

DATE OF BURIAL

Jan 5, 1923

19 UNDERTAKER

J. W. Langone

ADDRESS

333 City
HaverstOfficial
position

Secretary

Date of
issue
of permit

1/5/23

Permit

No. 512

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (c) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Synner, (b) Cotton mill, (c) Salesman, (b) Grocery, (c) Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misarrriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Aborting diseases, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from homo when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

5

City or Town

Winthrop

No.

178 Circuit Rd

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Douglas Kent Remley

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

178 Current Road

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

22

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

9 NAME OF
FATHER

William E. Remley

10 BIRTHPLACE OF
FATHER (City)

Winthrop

(State or country)

Mass.

11 MAIDEN NAME
OF MOTHER

Mildred Kent

12 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

Mass.

PARENTS

13 Informant

William E. Remley

(Address)

178 Current Road

14

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan

4

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec 13

1922, to

Jan 4

1923,

that I last saw him alive on Jan 3, 1923,

and that death occurred, on the date stated above, at 4 4 m.

The CAUSE OF DEATH was as follows:

Infection Entitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY
(SECONDARY)

Simple meningitis

(duration) yrs. mos. 2 ds.

17 Where was disease contracted
if ~~not~~ at place of death?

yes

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Ruminal Absorption

(Signed)

E. B. Parker

, M.D.

(Address)

Winthrop Mass

Date

Jan

4

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop

(Cemetery)

DATE OF BURIAL

Jan 4, 1923

(City or town)

19 UNDERTAKER

E. B. Bennison

ADDRESS

Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Albert J. Smith

Official position

Secretary

Date of issue

of permit 1/4/23

Permit

No. 5

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) infection need not be stated unless important. Example: *Measles* (disease causing death), *2d de*; *Bronchopneumonia* (secondary), *10 d*. Never report mere symptoms or terminal conditions, such as "Asplenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

10 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Elmer P. Sautelle

6 AGE

Years

Months

Days

If LESS than

56

7

28

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

XXX

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Ottawa
Canada9 NAME OF
FATHER

John Robert

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Canada

11 MAIDEN NAME
OF MOTHER

Elizabeth Sautelle

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Canada

13

Informant

(Address)

Silvia E. Coe (daughter)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan

6

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec 13, 1922 to Jan 6, 1923

that I last saw her alive on Jan 6, 1923

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH was as follows:

Carelessness of Stomach
& liver

(duration) yrs. 9 mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

X
E. J. Bourne, M.D.

(Address)

East Boston

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Forest Hills

Boston

Jan 9, '23

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

W. E. Long & Son Inc.

Cambridge

Official
positionDate of
issue
of permit

1/5/23

Permit

No. 513

N. B. WHITE PLAIN, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary freeman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphasia," "Anemia" (merely symptomatic), "Atrophy," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County Suffolk State Mass Registered No. 7
City or Town Winthrop No. 4
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Theresa B. Burke
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence No. 4 Winthrop St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael		
6 AGE 72	Years Months Days	If LESS than 1 day, hrs. or min.
If STILLBORN, enter that fact here		
7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) Name of employer At Home		
8 BIRTHPLACE (City) (State or country) Ireland		
PARENTS	9 NAME OF FATHER John Kennedy	
	10 BIRTHPLACE OF FATHER (City) (State or country) Quebec	
	11 MAIDEN NAME OF MOTHER Miss Mahoney	
	12 BIRTHPLACE OF MOTHER (City) (State or country) Ireland	

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 9, 1923 (Month) (Day) (Year)	16 I HEREBY CERTIFY, That I attended deceased from June 8, 1923, to June 9, 1923. that I last saw him alive on June 7, 1923 and that death occurred, on the date stated above, at 1 P. m. The CAUSE OF DEATH was as follows: Bronchio pneumonia (duration) yrs. mos. ds. CONTRIBUTORY (SECONDARY) My mother and (duration) yrs. mos. ds. 17 Where was disease contracted if not at place of death? Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis? (Signed) C. D. M. M.D. (Address) 300 Winthrop St. Date June 9, 1923 (Month) (Day) (Year)
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13 Informant (Address) Mrs. W. W. Brown Winthrop St.	14 Filed (Month) (Day) (Year) Jan 10 1923
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18 PLACE OF BURIAL, CREMATION, OR REMOVAL (Cemetery) Forest Grove Cemetery (City or town) Boston	DATE OF BURIAL Jan 23
19 UNDERTAKER John T. O'Malley (City or town) Winthrop	ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Albert J. Smith
4-3

Official position Secretary Date of issue of permit 11/2/23 No. 514

WHITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architec, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (d) Grocer; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of..... (name origin), "Cancer" is less definite; avoid use of "tumor," for malignant neoplasms); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registra-tion any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B. - WHITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
 City or Town **Boston** No. **HOUSE OF GOOD SAMARITAN** St. **Ward**
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **349**
(Place of death)Registered No. **8**
(Place of residence)2 FULL NAME **MARY C. MC GLINN**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **48 BOWDOIN** St.
 (Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WID.**

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

JAMES J.

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
64

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **AT HOME**
 (b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**
 (State or country)

9 NAME OF FATHER **JOHN J. GIBBONS**

10 BIRTHPLACE OF FATHER (city or town) **IRELAND**
 (State or country)

11 MAIDEN NAME OF MOTHER **-----**

12 BIRTHPLACE OF MOTHER (city or town) **-----**
 (State or country)

13 Informant **MRS. J. J. VELSH**
 (Address)

14 Filed **JAN. 13, 1933** **Ernest E. Green**
 Registrar of city or town where death occurred
 Filed **JAN. 14, 1933**
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JAN. 9** 19**33**
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **JAN. 2**, 19**33**, to **JAN. 9**, 19**33**.

that I last saw her alive on **JAN. 9**, 19**33**.

and that death occurred, on the date stated above, at **11.05 P.M.**
 The CAUSE OF DEATH was as follows:

CHR BRONCHITIS

(duration) **2** yrs. mos. ds.

CONTRIBUTORY **CARDIAC FAILURE**
 (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **L. S. MC KETTRICK**, M.D.
 , 19 (Address) **JAN. 10**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

CALVARY

DATE OF BURIAL

JAN. 12 1933

19 UNDERTAKER

J. F. O'MALEY

ADDRESS

WINTHROP

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Declarer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

Colored

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

46

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Laborer

8 BIRTHPLACE (City)

(State or country)

Wentworth, Mass.

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

Annie Jordan

6 Central St.

14

Filed

(Month) (Day) (Year)

Jan 27 1923

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

January 9, 1923

16

I HEREBY CERTIFY, That I attended deceased from

Saw him but once, 19, to, 19

that I last saw him alive on Jan 8, 1923

and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Horace J. Son

M.D.

(Address)

100 Wentworth St. Wentworth

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wentworth Cemetery

(Cemetery)

(City or town)

1/11-1923

19 UNDERTAKER

ADDRESS

C-R Burman

Wentworth

Official
position

Secretary

Date of
issue
of permit

Permit

No.

1 23

N. B. - WHITE PLAIN, WITH OR WITHOUT BLACK INK, IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
 GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Westford
(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

PARENTS

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

Jan. 27, 1923

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory
standard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Nov 22

, 1922, to

Jan 11

, 1923

that I last saw him alive on

Jan 10

, 1923,

and that death occurred, on the date stated above, at

8 a.m.

The CAUSE OF DEATH was as follows:

Tuberculosis of the lungs.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted

not at place of death?

Did an operation precede death?

No

Date of

Was there an autopsy?

No Physical and

What test confirmed diagnosis?

Laboratory examination

(Signed)

Raymond B. Butler

, M.D.

(Address)

Wintthrop Mass

Date

Jan

11

, 1923

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

891-12way
St. But.Official
position

Secretary

Date of
issue
of permit

1/12/23

Permit

No. 516

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 and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Teamster," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Curetinoma, Sarcoma*, etc., of (name tissue); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesenteric Whirling cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric disease causing death*, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any of her necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

12,868
Wintthrop
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk

State Mass

Registered No. 11

City or Town Wintthrop

No. 10, Hutchinson St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Emily Beatrice Schaeffer

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Orchard Hill

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

William

6 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

58

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Nurse attendant

(b) Name of employer

8 BIRTHPLACE (City)

Boston Mass

(State or country)

9 NAME OF FATHER

Andrew Coffey

10 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME OF MOTHER

Catherine Fitzpatrick

12 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

13

Informant

John H. J. Maher
Wintthrop Mass

(Address)

14

Filed Jan 27 1923
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by

Robert L. Smith

Official position

Secretary

21 Date of issue

11/7/23

Permit No.

558

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 14 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes:
Cardio-vascular disease,
probably coronary sclerosis
(Sudden death)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) John Henry Nugent M.D.
(Address)

Medical Examiner for Suffolk

Date Jan 16 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Brookline Brookline 1923
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER

John P. Haley Wintthrop

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER of DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVED FOR BINDING

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

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.....

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.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan. 14, 1923.

02
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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

City or Town

Boston

No.

MASS. GENL. HOSPT.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

JOHN T. JOSEMAN

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

101 BOWDOIN

St.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

MAR.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

MARGARET

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

69

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

ENGINEER

(b) Name of employer

8 BIRTHPLACE (city or town)

BOSTON

(State or country)

9 NAME OF
FATHER

PETER

10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

SWEDEN

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

13

Informant

(Address)

WIFE

14

Filed JAN. 16, 19 23

E. M. Glenen
Registrar of city or town where death occurred

Filed JAN. 16, 19 23

Registrar of city or town where deceased resided

15 DATE OF DEATH

JAN. 14

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

DEC. 22

To 22, to

JAN. 14

19 23

that I last saw him alive on JAN. 14, 19 23

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH was as follows:

MELANOTIC SARCOMA RT. THIGH

(duration) yrs. 5 mos. ds.

CONTRIBUTORY
(SECONDARY)

BRONCHIO-PNEUMONIA

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? YES Date of DEC. 26, '22

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. A. MAC IVER

, 19 (Address)

JAN. 14

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

MALDEN (HOLY CROSS)

JAN. 16 23

19 UNDERTAKER

ADDRESS

J. F. O'MALEY

WIN.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *39 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphæmia," "Anæmia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hæmorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral, septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.**

(2) **Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.**

(3) **Medical examiners will investigate and certify to all deaths sup-posable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

(City or town)

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert A. Thomas

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 11 Neptune Ave.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

— years 8 months — days.

How long in U. S., if of foreign birth?

. years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

Jan. 27, 1923

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Month

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 8, 1923, to Jan 14, 1923,that I last saw him alive on Jan 14, 1923,and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

2 ds.

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official
positionDate of
issue
of permit

Permit

No. 57

N.B. WHITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required, by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

(City or Town)

Registered No.

Widdowes

Mass.

14

Wintthrop

No. 71 Sagamore Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William J Cabral

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

71 Sagamore

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

male

white

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Nov. 26, 1922

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

if LESS than

1 day, hrs.

or min.

1

19

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)

Wintthrop

10 NAME OF
FATHER

Joseph Cabral

11 BIRTHPLACE OF
FATHER (City)

Boston Mass.

(State or country)

12 MAIDEN NAME
OF MOTHER

Mary Oliver

13 BIRTHPLACE OF
MOTHER (City)

Lynn

(State or country)

14

Informant

(Address)

Joseph Cabral
71 Sagamore Ave Wintthrop

15

Filed

Jan. 27, 1923

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Robert S. Smith

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

Jan. 14, 1923

17

I HEREBY CERTIFY, That I attended deceased from

Jan. 7, 1923, to Jan. 14, 1923

that I last saw him alive on Jan. 13, 1923

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH was as follows:

Gastro-Enteritis

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Henry J. Cabeceras, M.D.

(Address)

Cambridge

Date

Jan. 14, 1923

(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Holy Cross Cemetery

(City or town)

Jan. 16, 1923

20 UNDERTAKER

ADDRESS

Joseph B. Smith

322 Street
St. PaulOfficial
position

Secretary

Date of
issue
of permit

1/16/23 No. 517

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill*; (a) *Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin); "Cancer" is less definite, avoid use of "Tumor" for malignant origin; "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile, etc."), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tromia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. **672**
 City or Town **Boston** No. **EAST BOSTON RELIEF HOSPT** (Place of residence)
 (If death occurred in a hospital or institution, give its NAME instead of street and number) St. **Ward**

2 FULL NAME **MARY FRANCES BROWN**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **322 REVERE** St. **St.**
 (Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **FEMALE** 4 COLOR OR RACE **WHITE** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

5a If married, widowed, or divorced HUSBAND of **JOHN P BROWN** (or) WIFE of

6 AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
25

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **AT HOME**
 (b) Name of employer

8 BIRTHPLACE (city or town) **CHARLESTOWN**
 (State or country) **MASS.**

9 NAME OF FATHER **JOHN F DAVIS**

10 BIRTHPLACE OF FATHER (city or town) **CHARLESTOWN**
 (State or country) **MASS.**

11 MAIDEN NAME OF MOTHER **MARY DRISCOLL**

12 BIRTHPLACE OF MOTHER (city or town) **IRELAND**
 (State or country)

13 Informant **MR. JOHN F DAVIS**
 (Address) **322 SHIRLEY ST**

14 Filed **JAN 22, 19 23** **EWING GLENN**
 Registrar of city or town where death occurred

Filed **JAN 22, 19 23**
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JANUARY 17** 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **JANUARY 17**, 19 **23**, to **JANUARY 17**, 19 **23**,
 that I last saw h. **ER** alive on **JANUARY 17**, 19 **23**,
 and that death occurred, on the date stated above, at **5:15 P. m.**
 The CAUSE OF DEATH was as follows:

PREGNANCY

(duration) yrs. **9** mos. ds.
 CONTRIBUTORY RUPT. **UTERUS** 2 HOURS
 (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? **YES** Date of **JAN 17-23**

Was there an autopsy? **NO**

What test confirmed diagnosis? **CLINICAL EXAM.**
 (Signed) **GEORGE H HOOPER**, M.D.
 19 (Address) **E BOSTON RELIEF HOSPT.**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **HOLY CROSS MALDEN** DATE OF BURIAL **JAN 20 19 23**

19 UNDERTAKER **JOHN F O MALEY** ADDRESS **WINTHROP**

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Leconome engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *89 ds., Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Asbemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriages, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . We shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 18, 1923, to Jan 20, 1923.

that I last saw him alive on January 20, 1923.

and that death occurred, on the date stated above, at 7:45 a.m.

The CAUSE OF DEATH was as follows:

Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY Arterio sclerosis

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Horace J. Boule M.D.

(Address) 1806 Winthrop St. Winthrop

Date Jan 23, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop Cemetery
(Cemetery) Winthrop (City or town)

1/24-1923

19 UNDERTAKER

ADDRESS

C R Benson

Winthrop Mass

Official
positionDate of
issue
of permit

Permit

No. 520

N.B. - WHITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative worthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "tumor," for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for substantial reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 11 1/2, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winch
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

16

City or Town

Winch

No.

Winch Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lillian Florence Woods

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

32 Marshall

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

13

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

13

3

22

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

School Girl

(b) Name of employer

8 BIRTHPLACE (City).

Winch

(State or country)

Mass

9 NAME OF
FATHER

Leon F. Woods

10 BIRTHPLACE OF
FATHER (City).

East Boston

(State or country)

Mass

11 MAIDEN NAME
OF MOTHER

Mary G. Simpson

12 BIRTHPLACE OF
MOTHER (City).

East Boston

(State or country)

Mass

13

Informant

Leon F. Woods

(Address)

32 Marshall St. Winch

14

Filed

Jun 27 1923

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

Clerk X. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan
(Month)22
(Day)1923
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 10, 1923, to Jan 22, 1923,

that I last saw her alive on Jan 22, 1923,

and that death occurred, on the date stated above, at 9:30 p. m.

The CAUSE OF DEATH was as follows:

Acute Nephritis
Acute Myocarditis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY
(SECONDARY)

Acute Encephalitis

(duration) yrs. mos. 7 ds.

17 Where was disease contracted
if not at place of death? 32 Marshall St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory + Personal Autopsy

(Signed) R. B. Parker

M.D.

(Address)

Winch Mass

Date

Jan
(Month)23
(Day)1923
(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winch Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

1/25-1923

19 UNDERTAKER

C.R. Bennett

ADDRESS

Winch

Official
position

Secretary

Date of
issue of permit

1/24/23

Permit

No. 521

should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be filled only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms; *Meningeal*; *Whooping cough*, *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 28 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," "Convulsions," "Debility," "Congenital," "Senile," "lapse," "Coma," "Exhaustion," "Heart failure," "Hemorrhage," "Insult," "Dropy," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

17

City or Town

Waltham

No.

Winthrop Community Hosp

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Elizabeth P. Poffe Shofford

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

68 Crest Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

2

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Frank M. Shofford

6 AGE

Years

60

Months

2

Days

24

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

Fair Haven

(State or country)

Mass

9 NAME OF
FATHER

John D. Trish

10 BIRTHPLACE OF
FATHER (City)

Fair Haven

(State or country)

Mass

11 MAIDEN NAME
OF MOTHER

Harriet Church

12 BIRTHPLACE OF
MOTHER (City)

Fair Haven

(State or country)

Mass

13

Informant

W. M. Shofford

(Address)

Waltham Mass

14

Filed Jan. 27, 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

W. M. Shofford

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan

24

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 13

1923

to Jan 24

1923

that I last saw her alive on Jan 24 1923

and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration)

yrs.

mos.

9

ds.

CONTRIBUTORY
(SECONDARY)

Acute myocarditis

(duration)

yrs.

mos.

4

ds.

17 Where was disease contracted
if not at place of death?

68 Crest Ave

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Smear of sputum

(Signed)

R. B. Parker

M.D.

(Address)

Waltham

Mass

Date

Jan

25

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Waltham Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

1/27-1923

19 UNDERTAKER

W. M. Shofford

ADDRESS

Waltham

Official
position

Secretary

Date of
issue
of permit

1/27/23

Permit

No.

1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," "Convulsions," "Debility," "Congestive," "Sole," "Coma," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory secondary or intercurrent affection need not be stated unless important. Example: *Menses* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Sanile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insult," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

19 years

X months X

days.

How long in U. S., if of foreign birth?

52 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

the late

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....mo.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

Jan 27 1923

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

October 14, 1922, to January 25, 1923.

that I last saw him alive on January 24, 1923.

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

1/27-1923

19 UNDERTAKER

B R Bennett

ADDRESS

Winthrop

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
position

Secretary

Date of
issue
of permit

1/22 23

Permit

No. 022

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. When a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

(City or town)

20

City or Town

Winthrop

No.

470 Winthrop St.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edward O'Connor

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

470 Winthrop

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

1

11

20

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)
(State or country)Winthrop
Mass9 NAME OF
FATHER

Francis O'Connor

10 BIRTHPLACE OF
FATHER (City)Somerville
Mass11 MAIDEN NAME
OF MOTHER

Julia Sheerin

12 BIRTHPLACE OF
MOTHER (City)Winthrop
Mass

(State or country)

13 Informant

(Address)

Francis O'Connor
470 Winthrop St.

14 Filed

Jan 3 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan

29

1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 28, 1923, to Jan 29, 1923.

that I last saw him alive on Jan 28, 1923.

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH was as follows:

Influenza

(duration) yrs. mos. 7 ds.

CONTRIBUTORY
(SECONDARY)

Toxaemia

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) William J. Parter

M.D.

(Address)

Winthrop

Date

Jan

30

1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL

Jan 31/23

19 UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

Official position of S. Smith

Date of issue

Jan 30 1923

Permit

No. 5725

Per G.B.R.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"; *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphania," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts 12911

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County

State

Registered No.

City or Town

City or Town

Ward

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Florence. S. Kuchmeister

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

44

45

3

15

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Inspector U.S.

(b) Name of employer

Custom House Army Base

8 BIRTHPLACE (City)

Offendorf

(State or country)

Germany

9 NAME OF
FATHER

Herrich Wilhelm Kuchmeister

10 BIRTHPLACE OF
FATHER (City)

Offendorf

(State or country)

Germany

11 MAIDEN NAME
OF MOTHER

Rahova, Kalka

12 BIRTHPLACE OF
MOTHER (City)

German

(State or country)

Offendorf

13

Informant

Wife. Florence. S. Kuchmeister

(Address)

6 Lewis ave Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 Burial permit
issued by

Official
position

Secretary

21 Date of
issue

2/2/23

Permit
No.

20

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

February

1

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Endocarditis, Chronic, with
aneurysmal dilatation and
with stenosis of the origins
of the coronary arteries.

(Sudden death.)

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

Long Angus Maguire

M.D.

(Address)

Medical Examiner for

Suffolk County

Date

February

1

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Winthrop Mass

(Cemetery)

(City or town)

DATE OF BURIAL

3-4-23

(Month) (Day) (Year)

19 UNDERTAKER

C.R. Benson

ADDRESS

Winthrop Mass

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." — "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Feb. 1, 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

22

City or Town

Boston

No.

26 Enfield Road

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Katherine Burke

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

26 Enfield Road

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female white

Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Tobias E. Burke

6 AGE

Years

Months

Days

If LESS than

74

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Home

(b) Name of employer

8 BIRTHPLACE (City)

Portsmouth

(State or country)

N. H.

9 NAME OF
FATHER

Thomas Long

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Margaret Halloran

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

Thomas J. Burke

(Address)

8 Leffert St Brooklyn N.Y.

14

Filed

Feb 17 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb

5

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 31, 1923, to Feb 5, 1923,

that I last saw him alive on Feb 5, 1923,

and that death occurred, on the date stated above, at 6 PM.

The CAUSE OF DEATH was as follows:

Tuberculosis

(duration)

yrs.

mos.

6 ds.

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? FOR WHAT? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Holy Cross Malden

(Cemetery)

(City or town)

Feb 7, 1923

19 UNDERTAKER

ADDRESS

M. J. Kelly

11 Meridian St

Official
position

Secretary

Date of
issue
of permit

7/19/23

Permit

No. 127

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Composer*, *Architect*, *Ironworks engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Pneumonia"; *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Irritability" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 4B, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 4B.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop

~~Boston~~
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

23

City or Town

~~Boston~~

Winthrop

133 Washington Ave.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Orson M. Arnold.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

133 Washington Ave. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Eunice D. Arnold.

6 AGE

Years

Months

Days

If LESS than

78

1

25

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Pres.

N.E. Fish Co.

(b) Name of employer

8 BIRTHPLACE (City)

Duxbury Mass

(State or country)

9 NAME OF
FATHER

Abel Arnold.

10 BIRTHPLACE OF
FATHER (City)

Duxbury Mass

(State or country)

11 MAIDEN NAME
OF MOTHER

Mary Weston

12 BIRTHPLACE OF
MOTHER (City)

Duxbury Mass

(State or country)

13

Informant

A. B. Delano

133 Wash Ave.

(Address)

14

Filed

Feb 17 1923

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb 5 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

that I last saw h alive on, 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Patient was dead when I first saw him
and to all appearances and knowledge
obtainable apparently died from
natural causes. (duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Frainger

M.D.

(Address)

70 North St. Winthrop

Date

Feb. 6

1923.

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

Feb 8 1923

19 UNDERTAKER

ADDRESS

Boston.

Official
position

Date of
issue

Feb 2 1923

Permit

No. 22

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lethility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

CONTRIBUTORY
(SECONDARY)

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M.D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official
position

Date of
issue
of permit

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* (report "Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of, (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Melas*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Melas* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk**State **Massachusetts**Registered No. **1457**

(Place of death)

City or Town **Boston**No. **MASS. HOME O. HOSPT.**Registered No. **39**

(Place of residence)

St. **Ward**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **DAISY WHICHER**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS**City or Town **WINTHROP** No. **25 TEWKSBURY** St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

WIDOW5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of**WILLIAM O.**

6 AGE

Years

Months

Days

If LESS than

48

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

HOUSEWORK

(b) Name of employer

8 BIRTHPLACE (city or town)

BOSTON

(State or country)

9 NAME OF FATHER

FRANK J. ELLIS

10 BIRTHPLACE OF FATHER (city or town)

CONCORD

(State or country)

N. H.

11 MAIDEN NAME OF MOTHER

ANNIE MAY

12 BIRTHPLACE OF MOTHER (city or town)

ENGLAND

(State or country)

13

Informant

C. T. ELLIS

(Address)

14

Filed **FEB. 8**, 1923**E. W. M. Glenen**
Registrar of city or town where death occurredFiled **7**, 1923

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **FEB. 6**, 1923
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
JAN. 19, 19 **23**, to **FEB. 6**, 1923.that I last saw him alive on **FEB. 6**, 1923.and that death occurred, on the date stated above, at **12.50 A. M.**

The CAUSE OF DEATH was as follows:

ACUTE LARYNGEAL STENOSIS (PROB. IN-FLUENZAL)(duration) yrs. mos. **23** ds.

CONTRIBUTORY MYOCARDITIS ACUTE

(SECONDARY)

(duration) yrs. mos. **1** ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **F. E. CRUEE**, M.D.

, 19 (Address)

FEB. 6

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WINTHROP (WINTHROP CEM)

DATE OF BURIAL

FEB. 8, 1923

19 UNDERTAKER

C. R. BENNISON

ADDRESS

WINTHROP

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill*; (a) *Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Cool mite*, etc. Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite, avoid use of "Tumor," for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d day; Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as *Asphænia*, "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Imbition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 83, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk
City or Town Hingham

State Mass

Registered No. 25

(City or town)

No. 36 St. Beal Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Elizabeth Thomas

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 36 Beal

St. Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Frank A.

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

40

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Quebec
Canada

9 NAME OF FATHER

Cannot be learned

10 BIRTHPLACE OF FATHER (City)

(State or country)

England

11 MAIDEN NAME OF MOTHER

Cannot be learned

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

13

Informant (Address)

Frank A. Thomas
36 Beal St.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S. A. Mowry

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 8, 1923, to Feb 10, 1923

that I last saw him alive on Feb 10, 1923

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH was as follows:

Cerebral infarction
of the surgical
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

fracture of right femur
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. M. Mowry M.D.

(Address)

Date Feb 11, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Joseph's Boston
(Cemetery) (City or town)

Feb 12, 1923

19 UNDERTAKER

ADDRESS

John F. O'Malley
Hingham

Official position, Health Officer

Date of issue of permit

Permit

2, 12, 23 No. 530

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of various pursuits is very important, so that the relative healthfulness of various occupations can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Leomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*, (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesenteric disease causing death*, 2d d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, jaundice, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

2201 26

City or Town

Winthrop ~~Boston~~

No.

214 Court Road Winthrop

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Michael John Haley

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

214 Court Road Winthrop

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

7

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

May

29

1857

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.
or min.

65

8

14

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Photographer.

(b) Name of employer

Personal

9 BIRTHPLACE (City)
(State or country)Kilbakey
Ireland10 NAME OF
FATHER

Michael John Haley.

11 BIRTHPLACE OF
FATHER (City)Kilbakey
Ireland.

(State or country)

12 MAIDEN NAME
OF MOTHER

Bridget Denehy.

13 BIRTHPLACE OF
MOTHER (City)Kilbakey
Ireland.

(State or country)

14 Informant

Mrs W.J. Moriarty
(Address) 214 Court Road Winthrop

15

Filed

JAN 17 1923

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Albert D. Smith

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

26

12

1923

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

26 1, 1912, to 26 12, 1923.

that I last saw him alive on 26 12, 1923.

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH was as follows:

acute calcareous meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

E. J. Moriarty

M.D.

(Address)

300 Court Road

Date

26

12

1923

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Cemetery Malden.

DATE OF BURIAL

2-15-23

(Cemetery)

(City or town)

20 UNDERTAKER

Murphy & Lunnery 331 Beacon Hill St
Charlestown.

ADDRESS

Official
position

Secretary

Date of
issue
of permit

2.7.23

Permit

No. 53

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

WHITE RACE, WITH ONE OR MORE BLACK OR RED IN THE LINE, IS A SLAVE. PHYSICIANS should state CAUSE OF DEATH.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 76, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No. 100 Terrace Ave St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb. 1

13

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 8

1923

to

Feb 13

1923

that I last saw him alive on Feb. 13, 1923

and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH was as follows:

Influenza

(duration)

yrs.

mos.

6 ds.

CONTRIBUTORY

(SECONDARY)

Oedema of lungs

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Trauger

M.D.

(Address)

78 Main St.

Date

Feb 14

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

2/15/23

19 UNDERTAKER

ADDRESS

John F. C. Kelley

Winthrop

Official
position

Secretary

Date of
issue of permit

2/15/23

Permit

No. 533

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*, (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scrub*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 23 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Sault," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childhood or mischance, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, agalactia, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Norfolk

State

Mass

City or Town

Sharon

No.

Cottage 7 Ames

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Roy Edgerton Ayer

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

Mass

City or Town

Winthrop

No. 176

Woodside Ave St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

—

6 AGE

Years

Months

Days

If LESS than

17

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

—

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Went to School

(b) Name of employer

8 BIRTHPLACE (city or town)

East Boston

(State or country)

Mass

9 NAME OF FATHER

Albert L Ayer

10 BIRTHPLACE OF FATHER (city or town)

Boston

(State or country)

Mass

11 MAIDEN NAME OF MOTHER

Louise M. Fopiano

12 BIRTHPLACE OF MOTHER (city or town)

Boston

(State or country)

Mass

13

Informant

Albert L Ayer

Father

(Address)

176 Woodside Ave

Winthrop

14

Filed

Feb 17, 1923

W W Capen

Registrar of city or town where death occurred

Filed

Feb 26, 1923

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb

14

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 25, 1923, to Feb 14, 1923.

that I last saw him alive on Feb 14, 1923.

and that death occurred, on the date stated above, at 12:30 A. M.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. x mos. ds.

CONTRIBUTORY (SECONDARY)

None

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Winthrop

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Stethoscopic

(Signed)

Walter A. Griffin

M.D.

4/5, 1923 (Address)

Sharon Mass

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn

Everett

DATE OF BURIAL

Feb 17 1923

19 UNDERTAKER

C R Benson

ADDRESS

Winthrop

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*; *Carcinoma, Sarcoma, etc.*, of (name origin, "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

29

City or Town

Winthrop

No.

27

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lewis, Alice

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

27 Kenner

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Marie

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

60

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Live water

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Italy

9 NAME OF FATHER

Constantine

10 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

11 MAIDEN NAME OF MOTHER

cannot be learned

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Italy

13

Informant

(Address)

Constantine, Alice
27 Kenner

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Robert Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb

(Month)

19

(Day)

23

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 7, 1923 to Feb 13, 1923

that I last saw him alive on Feb 13, 1923

and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH was as follows:

Cerebral Haemorrhage

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

arterio-sclerosis
chronic alcoholism

(duration)

yrs.

mos.

ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Robert Smith

M.D.

(Address)

306 York Street

Date

Feb

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop

(City or town)

DATE OF BURIAL

Feb 15, 1923

19 UNDERTAKER

Wm. J. Macay

ADDRESS

Winthrop

Official position

Secretary

Date of issue of permit

Feb 23, 1923

Permit

No. 532

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Compositor*, *Architect*, *Lead-pipe fitter*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Nephritis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Hemorrhage," "Sanile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insatiation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County Suffolk,State MASSACHUSETTS.Registered No. 30Township Winthrop,

or Village _____ or

City _____ No. 60-10101 Winthrop, City, Mass. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby

(a) Residence. No. _____

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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

10.

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6 DATE OF BIRTH (month, day, and year) Feb. 13, 1923.

7 AGE

Years

Months

Days

If LESS than
1 day, --- hrs.
or --- min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work _____(b) General nature of industry,
business, or establishment in
which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Winthrop.
(State or country) Mass.

PARENTS

10 NAME OF FATHER Neal A. Brown11 BIRTHPLACE OF FATHER (city or town) St. Louis, Mo.
(State or country) Missouri12 MAIDEN NAME OF MOTHER Anita Brown13 BIRTHPLACE OF MOTHER (city or town) St. Louis, Mo.
(State or country) N.Y.

14

Informant Winthrop, Mass.
(Address) Winthrop, Mass.

15

Filed Feb. 17, 1923

11-3184

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14, 1923

17

I HEREBY CERTIFY, That I attended deceased from

Feb. 13, 1923, to Feb. 14, 1923,that I last saw him alive on Feb. 13, 1923,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(SECONDARY).

_____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

if not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Rev. E. E. Brown, M. D.
, 19 (Address) Winthrop, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop Cemetery Feb. 17, 1923

20 UNDERTAKER

ADDRESS

C. R. Bennison Winthrop, Mass.

26. 14, 17 & 3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary engineer, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State for which surgical operation was undertaken. For violent DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS
 BY PHYSICIAN.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

31

City or Town

Winthrop

No.

112 River Road

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Rebecca, Blanche, Smith

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

112 River Road

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

13

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

of Jonathan J. Smith

6 AGE

Years

Months

Days

If LESS than

85

10

29

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

Woburn

(State or country)

Mass

9 NAME OF
FATHER

Samuel Gates

10 BIRTHPLACE OF
FATHER (City)

England

(State or country)

11 MAIDEN NAME
OF MOTHER

Mary Berzanson

12 BIRTHPLACE OF
MOTHER (City)

Concord

(State or country)

N. H.

13

Informant

William H. Warren

(Address)

112 River Road Winthrop

14

Filed

Mar 6 1923

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Mert J. Smith

Official position

Secretary

Date of issue of permit

2/23/23

Permit

No. 536

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July

21

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 18

1923

to July 21

1923

that I last saw her alive on July 20, 1923

and that death occurred, on the date stated above, at 12:5 A. m.

The CAUSE OF DEATH was as follows:

Chronic, Dilated Heart
DyspneaCONTRIBUTORY
(SECONDARY)

Septicemia (duration) yrs. mos. ds.

Septicemia (duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Smith, M.D.

(Address)

Date July 21 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Boston - 20625
(Cemetery) Forest Hills (City or town)

DATE OF BURIAL

2/23/1923

19 UNDERTAKER

Chas. R. Bennett

ADDRESS

Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Nephritis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Nephritis* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Alexander

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

86

11

17

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

(b) Name of employer

Drove

8 BIRTHPLACE (City)

(State or country)

Shapleigh
Maine9 NAME OF
FATHER

Samuel Allen

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Shapleigh
Maine11 MAIDEN NAME
OF MOTHER

Abigail Pray

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Shapleigh
Maine

13

Informant

(Address)

Wm. E. W. Merrill
Northrop Mass

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedAlbert S. Smith
Per. 9. 8. 9.Official
position

Sec.

Date of
issue
of permit

Feb. 23, 1923 No. 537

Permit

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb.

2

(Month)

(Day)

1923

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb. 1, 1923, to Feb. 2, 1923,

that I last saw him alive on Feb. 20, 1923,

and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Northrop Cem.
(Cemetery)

Feb. 23, 1923

19 UNDERTAKER

ADDRESS

J. W. Beaudet
Northrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Cart engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Santle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumony"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicoemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jul. 21, 1923

James Monroe (Name)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

October 1, 1922, to Feb 23, 1923,

that I last saw him alive on Feb 22, 1923.

and that death occurred, on the date stated above, at 5-45 P. M.

The CAUSE OF DEATH was as follows:

Leucemia of bladder

(duration), yrs. 5 mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Augustus L. P. P. M.D.

(Address) 9 Princeton St. Chockito

Date Feb-24-1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Official
position

Secretary

Date of
issue
of permit

2/26/23

Permit

No. 539

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a simple word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs*, *meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lability," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

35

City or Town

Winthrop

No.

51 College Park Rd

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Elizabeth Abbott

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

51 College Park Rd

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

24

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widow

5a If ~~married~~ widowed, or divorced

(or) WIFE of

James. Gardner Abbott

6 AGE

Years

Months

Days

If LESS than

81

x

15

1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at Home

(b) Name of employer

8 BIRTHPLACE (City)

Lowell

(State or country)

Mass

9 NAME OF
FATHER

Oliver Pearl

10 BIRTHPLACE OF
FATHER (City)

unable to obtain

(State or country)

11 MAIDEN NAME
OF MOTHER

Ann Maria. King

12 BIRTHPLACE OF
MOTHER (City)

unable to obtain

(State or country)

13

Informant

Miss Ella Abbott

(Address)

51 College Park Road

14

Filed

Mar 6 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-

dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

Albert J. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July

23

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Mr.

July 19

to July 23

1923

that I last saw him alive on

July 22

1923

and that death occurred, on the date stated above, at 8:40 a.m.

The CAUSE OF DEATH was as follows:

Senility.

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

Pneumonia

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

Thos. J. T. M.D.

M.D.

(Address)

218 Main St

Date

July 24

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop

(Cemetery)

Mass

(City or town)

DATE OF BURIAL

2/25-1923

19 UNDERTAKER

C. R. Beerman

ADDRESS

Winthrop

Official
position

secretary

Date of
issue
of permit

3/24/23

Permit

No. 598

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

36

City or Town

Boston

No.

16 Forest St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Marie F. M. McCormack

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

16 Forest St

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female White

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

6

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

9 NAME OF
FATHER

Daniel A. McCormack

10 BIRTHPLACE OF
FATHER (City)

P. E. L. Soucie

(State or country)

11 MAIDEN NAME
OF MOTHER

Rose O'Brien

12 BIRTHPLACE OF
MOTHER (City)

East Boston

(State or country)

13

Informant

(Address)

Father
16 Forest St Winthrop

14

Filed

Mar. 6 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Signed in my

Official
position

Secretary

Date of
issue
of permit

Feb. 1923

Permit

No. 542

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb.

24

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb. 18, 1923, to Feb. 24, 1923,

that I last saw her alive on Feb. 24, 1923,

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH was as follows:

Deterioration of the new-born

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Culture of sputum

(Signed)

Albert C. Smith

, M.D.

(Address)

32 Wave Way Ave., Winthrop

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Holy Cross Malden

(Cemetery)

(City or town)

Feb. 26, 1923

19 UNDERTAKER

ADDRESS

Richard C. Kirby

E. Boston

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer*, *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Tea-planter*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former retired*, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, "without explanation," as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicoemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

Suffolk
Wimborh

State

Mass

Registered No.

(City or town)

37

No. *573 Pleasant St* St. *Wimborh* Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sarah Ackroyd.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

573 Pleasant

St.

Ward

(Usual place of abode)
Length of residence in city or town where death occurred

9

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a If married, widowed or divorced

HUSBAND of
(or WIFE of)

of Simeon Ackroyd

6 AGE

Years

Months

Days

If LESS than

74

6

7

1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Bradford
England

9 NAME OF FATHER

William Frather

10 BIRTHPLACE OF FATHER (City)

(State or country)

England

11 MAIDEN NAME OF MOTHER

unable to obtain

12 BIRTHPLACE OF MOTHER (City)

(State or country)

" " "

13

Informant

Chas N. Ackroyd

(Address)

573 Pleasant St

14

Filed

Mar. 6/1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Albert J. Smith
4-3

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb

25

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 22

1923

to Feb 25

1923

that I last saw her alive on *Feb 25* *1923*

and that death occurred, on the date stated above, at *11 45 P. M.*

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

1 week

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? *at home*

Did an operation precede death? *No* Date of *"*

Was there an autopsy? *No*

What test confirmed diagnosis?

Bacterial Culture

(Signed)

R. B. Parker

M.D.

(Address)

148 Wimborh St

Date

Feb

26

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wimborh

(Cemetery)

Wim

(City or town)

DATE OF BURIAL

2/23-23

19 UNDERTAKER

Chas R. Bennett

ADDRESS

Wimborh

Official position

Secretary

Date of issue of permit

2/7/23

Permit

No. *541*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*. *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Cart engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dag laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Senile," "Lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence, No.
(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

13 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 25, 1922, to Feb 26, 1923

that I last saw her alive on Feb 26, 1923,

and that death occurred, on the date stated above, at 5-11 a. m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Official
positionDate of
issue
of permit

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from **injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Man. 1.19.23

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

~~BOSTON~~

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No. 42

City or Town

Boston

No. 319

Winthrop

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Catherine E. Herbert

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

319 Winthrop

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

John J. Herbert

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

52

X

X

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Wife

(b) Name of employer

at home

8 BIRTHPLACE (City)

(State or country)

Boston

Mass

9 NAME OF FATHER

Thomas J. Herbert

10 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME OF MOTHER

Mary O'Neil

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

13

Informant

(Address)

John J. Herbert
319 Winthrop St. Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March

2

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 27, 1923, to March 2, 1923

that I last saw him alive on March 2, 1923,

and that death occurred, on the date stated above, at 12:10 P. m.

The CAUSE OF DEATH was as follows:

Sudden pneumonia

(duration)

ysr.

mos.

3 ds.

CONTRIBUTORY (SECONDARY)

Debility

(duration)

ysr.

mos.

6 ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

C. J. Mc Ardle

M.D.

(Address)

305 Winthrop St.

Date

March 3

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

Hol. Cross Malden

(City or town)

DATE OF BURIAL

March 5 1923

19 UNDERTAKER

C. J. Mc Ardle

ADDRESS

Chs

Official position

Date of issue of permit

3/5/23

Permit

No. 545

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If relieved from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Mar.

3

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jun. 11, 1923, to Mar. 3, 1923,

that I last saw her alive on Mar. 3, 1923,

and that death occurred, on the date stated above, at 2:30 P. M.

The CAUSE OF DEATH was as follows:

Tubercular Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Granger

(Address) 70 Irving St.

Date Mar. 4, 1923.

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official
positionDate of
issue
of permit

Permit

No. 574

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No. 47

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or WIFE of)

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March

4

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 24

1923

to Mar 4

1923

that I last saw him alive on Mar 4, 1923

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH was as follows:

Acute myocarditis

(duration).....yrs.....mos.....ds.

CONTRIBUTORY

(SECONDARY)

(duration).....yrs.....mos.....ds.

17 Where was disease contracted
if not at place of death?

at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

R. B. Parker

(Signed)

M.D.

(Address)

148 Winthrop St. Winthrop

Date

Mar 5 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

3/6-1923

19 UNDERTAKER

ADDRESS

C. R. Bennett

Winthrop

Official
position

Secretary

Date of
issue
of permit

2/9/23

Permit

No. 747

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

March 4, 1928.
Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *A school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death. Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 89, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

Registered No. 45

1 PLACE OF DEATH

County

City or Town

State

No. 163

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. 163

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

8

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Sarah C Smith

6 AGE

Years

Months

Days

If LESS than

80

7

3

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Engineer

(b) Name of employer

Am. Radiator Co

8 BIRTHPLACE (City)

(State or country)

Halifax
N.Y.9 NAME OF
FATHER

Daniel Smith

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Eng.

11 MAIDEN NAME
OF MOTHER

Unknown

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Eng.

13

Informant

(Address)

Mrs. William Wallace
163 Sewall St Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 4th 1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb. 27, 1923, to Mar 4, 1923.

that I last saw him alive on Mar 3, 1923.

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration)

yrs.

mos.

3 ds.

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

Carl A. Lindquist, M.D.

(Address)

24 Westland Ave
Boston Mass

Date

March 4th 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Arthur F. Douglass

Chelsea

Official
positionDate of
issue
of permit

3/5/23

Permit

No. 576

N. B. - WHITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

March 4, 1923

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No. 49 Johnson Ave St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. 49 Johnson Ave St. Ward.
(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry J. Cook

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March

5

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec

1922, to 3/5

1923

that I last saw him alive on 3/5 1923

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Secondary Anaemia

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Harvey A. Kelly

M.D.

(Address)

200 Pleasant St

Date

3

5

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

3/7-1923

19 UNDERTAKER

C.R. Bunker

ADDRESS

Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Official position

Secretary

Date of permit

Permit

No. 54

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

March 6, 1923.
(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never misprint!); *Typhoid pneumonia*; *Lobar pneumonia*; *Bronchopneumonia* report "Typhoid pneumonia"; *Lobar pneumonia*; *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic cardiac heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Sanie," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committees on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*
— He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

(City or town)

City or Town

Wintthrop

No.

24 Lincoln St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Elizabeth Jane Clarke

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

24 Lincoln St

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

19

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND or
(or) WIFE of

William E. Clarke

6 AGE

Years

68

Months

11

Days

29

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at Home

(b) Name of employer

8 BIRTHPLACE (City)

Burlington

(State or country)

Vermont

9 NAME OF
FATHER

Richard Monroe

10 BIRTHPLACE OF
FATHER (City)

London

(State or country)

11 MAIDEN NAME
OF MOTHER

Mary Falls

12 BIRTHPLACE OF
MOTHER (City)

London

(State or country)

13

Informant

William E. Clarke

(Address)

24 Lincoln St Wintthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 5 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 2, 1923, to March 5, 1923.

that I last saw him alive on March 5, 1923.

and that death occurred, on the date stated above, at 11:45 p.m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Renal cessation of function

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Tregg T. Thorne

M.D.

(Address)

218 Main

Date

March 7 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wintthrop Mass

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 8th 1923

19 UNDERTAKER

C. R. Bennett

ADDRESS

Wintthrop

Official
position

Special Agent

Date of
issue of
permit

3/8/23

Permit

No. 548

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

March 5, 1923
(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never "typhoid pneumonia"); *Lobar pneumonia*; *Tuberculosis of lungs, meningis*, "Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs, meningis, peritonium, etc., Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness of disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop.
~~Boston~~
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 48
City or Town Boston Winthrop 56 Chester Ave. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William E. Gilliam

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 56 Chester Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofBirdie E. Gilliam

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

558

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAdvertising

(b) Name of employer

8 BIRTHPLACE (City) Reidsville N.C.

(State or country)

9 NAME OF
FATHERRichard Gilliam10 BIRTHPLACE OF
FATHER (City)Smithfield Vir

(State or country)

11 MAIDEN NAME
OF MOTHERLouise Moore.12 BIRTHPLACE OF
MOTHER (City)Reidsville N.C.

(State or country)

13

Informant

Mrs. Gilliam

(Address)

56 Chester Ave.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedAlbert J. SevilleOfficial
positionSecretaryDate of
issue
of permitMar 9, 1923 No. 551

Permit

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Mar 7 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 7, 1922, to Mar. 6, 1923,that I last saw him alive on Mar. 6, 1923,and that death occurred, on the date stated above, at 12.10 A.M.

The CAUSE OF DEATH was as follows:

Chronic Endocarditis(duration) 1 1/2 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Frainger

, M.D.

(Address)

70 Main St.

Date

Mar. 7, 1923,

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Reidsville N.C.

(Cemetery)

DATE OF BURIAL

Mar

(City or town)

19 UNDERTAKER

ADDRESS

Boston.Official
positionSecretaryDate of
issue
of permitMar 9, 1923 No. 551

Permit

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of..... (name origin, *"Cancer"* is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d day*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make out the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

49

City or Town

Winthrop

No.

271 Shirley

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Miss Cal

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

271 Shirley

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Frank

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

38

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

2nd Richard

(State or country)

Maine

9 NAME OF
FATHER

Same, cannot be learned

10 BIRTHPLACE OF
FATHER (City)

cannot be learned

(State or country)

11 MAIDEN NAME
OF MOTHER

cannot be learned

12 BIRTHPLACE OF
MOTHER (City)

cannot be learned

(State or country)

13

Informant

(Address)

Frank Cal

14

Filed Mar 8 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Mark A. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Mar

7

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Mar. 2

1923, to

Mar 7

1923,

that I last saw him alive on Mar 6, 1923,

and that death occurred, on the date stated above, at 2:00 a.m.

The CAUSE OF DEATH was as follows:

Acute nephritis

(duration)

yrs.

mos.

5 ds.

CONTRIBUTORY

lobar pneumonia

(SECONDARY)

(duration)

yrs.

mos.

1 ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Trauger

, M.D.

(Address)

78 Mil Dr.

Date

Mar. 7

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

St. Joseph's Boston

(City or town)

DATE OF BURIAL

Mar 9, 1923

19 UNDERTAKER

J. J. Moley

ADDRESS

Winthrop

Official
position

Secretary

Date of
issue of permit

Mar 8/23

Permit

No. 63-1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Semi," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County

State

Registered No. 50

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Mar 7, 1923, to Mar 8, 1923.

that I last saw her alive on Mar 8, 1923.

and that death occurred, on the date stated above, at 6.03 P.M.

The CAUSE OF DEATH was as follows:

Perniciosis Anaemia

(duration) 3+ yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Cerebral Oedema

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official
positionDate of
issue
of permit

Permit

No.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupation of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If relieved from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebro-meningitis febr* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthemia," "Anemia," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

20

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, _____ hrs.

or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March
(Month)

11
(Day)

1923
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 27, 19*23*, to *Mar 11*, 19*23*,

that I last saw her alive on *Mar 11*, 19*23*,

and that death occurred, on the date stated above, at *6:45 P. m.*

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(duration) _____ yrs. _____ mos. *14* ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted
if not at place of death?

at home

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Postal Observation

(Signed)

W. B. Parker

M.D.

(Address)

Winthrop, Mass.

Date

Mar 12

(Month) (Day)

1923

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Tomb
(Cemetery)

DATE OF BURIAL

Mar 13 1923

19 UNDERTAKER

Chas R Pennum

ADDRESS

Winthrop, Mass.

Official position

secretary

Date of
issue
of permit

2/13/23

Permit

No. *222*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Former or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d d.*; *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death, Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

52

City or Town

Winthrop

No.

21

James Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jane Gregg Ramsey

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No.

21 James Ave St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

28 years

X months

X days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

John William Ramsey

6 AGE

Years

75

Months

5

Days

12

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

St. Johns
N. B.9 NAME OF
FATHER

Wm Gregg

10 BIRTHPLACE OF
FATHER (City)

(State or country)

St. Johns
N. B.11 MAIDEN NAME
OF MOTHER

unable to obtain

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

St. Johns
N. B.

13

Informant

(Address)

John W. Ramsey

21 James Ave

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Albert S. Smith

Official position

Secretary

Date of issue of permit

3/14/23

Permit

No. 5 4

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March

12 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 3, 1922, to March 12, 1923

that I last saw her alive on

March 12, 1923

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH was as follows:

Pneumonia - Bronchitis

(duration)

yrs.

mos.

9 ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? no

Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

T. G. Brown

M.D.

(Address)

215 Main St Winthrop

Date

March

12

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 14/23

19 UNDERTAKER

C. P. Bennett

ADDRESS

Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric disease causing death, 23 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

53

City or Town

Winthrop

No.

14 Perkins

St.

III

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Meyer Weinberg

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

14 Perkins

St.

III

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

3

years

months

days

How long in U. S., if of foreign birth?

16

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Sarah Weinberg

6 AGE

Years

Months

Days

or LESS than

65

6

1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Store Keeper retired

(b) Name of employer

4 years ago

8 BIRTHPLACE (City)

Russia

(State or country)

9 NAME OF FATHER

Abraham

10 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

11 MAIDEN NAME OF MOTHER

Sarah Lipshitz

12 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

13

Informant

David Weinberg

(Address)

13 Wollaston Ter. Dor.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Albert S. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March

16

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept 30

1922

to March 16

1923

that I last saw him alive on

March 16

1923

and that death occurred, on the date stated above, at *7:30 A. m.*

The CAUSE OF DEATH was as follows:

Carcinoma of stomach

(duration) *3* yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

At home

Did an operation precede death?

No

Was there an autopsy?

No

What test confirmed diagnosis?

Personal observation

(Signed)

R. B. Parker

M.D.

(Address)

Winthrop Mass

Date

March 16

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Beth Joseph Cem. Winthrop

DATE OF BURIAL

Mar. 16th 1923

19 UNDERTAKER

Manuel Starnetsky

ADDRESS

Boston

Official position

Secretary

Date of issue of permit

3/16/23

Permit

No. *454*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as *Asphemia*, "Anemia" (merely symptomatic), "Atrophy," "Congestive," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Postpartal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence; if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths undoubtedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
 City or Town **Boston** No. **MASS. GEN. HOSPITAL**
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **3212**
 (Place of death)
 Registered No. **54**
 (Place of residence)
 St. Ward

2 FULL NAME

KATE CASSIDY
MASS.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

(Usual place of abode)

City or Town **WINTHROP** No. **163 GROVERS AVE.** St.

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
50

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

HOUSEMAID

(b) Name of employer

8 BIRTHPLACE (city or town)

PROVIDENCE

(State or country)

R.I.

9 NAME OF FATHER

JAMES CASSIDY

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

11 MAIDEN NAME OF MOTHER

CATHERINE BROWN

12 BIRTHPLACE OF MOTHER (city or town)

(State or country)

13

Informant

(Address)

MRS. GILLEN

14

Filed **MAR. 20, 1923**

E. W. McEleney
 Registrar of city or town where death occurred

Filed **MAR. 24, 1923**

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **MAR. 18**, 1923
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **MAR. 14**, 19**23**, to **MAR. 18**, 1923, that I last saw h. **ER** alive on **MAR. 18**, 1923, and that death occurred, on the date stated above, at **8.55 A.** m. The CAUSE OF DEATH was as follows:

BRONCHO-PNEUMONIA(duration) yrs. mos. **6** ds.

CONTRIBUTORY **BRONCHO-PNEUMONIA**
 (SECONDARY)

(duration) yrs. mos. **6** ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **G. A. MAC IVER**, M.D.
 , 19 (Address) **MAR. 18**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

PAWTUCKET, R.I. (ST. FRANCIS) 3-20 1923

DATE OF BURIAL

19 UNDERTAKER

T. F. MONAHAN

ADDRESS

PROV.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonum, etc.*; *Carcinoma, Sarcoma, etc.*, etc. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as *Asphemia*, "Anemia," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insatiation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known, it shall also a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths undoubtedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *March 18 1923*
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
*March 14 1923, to March 18 1923,*that I last saw her alive on *March 18 1923,*and that death occurred, on the date stated above, at *5:35 P.M.*

The CAUSE OF DEATH was as follows:

Influenza(duration) yrs. mos. *4* ds.CONTRIBUTORY *Broncho Pneumonia*
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *Horace J. Sorelle*, M.D.(Address) *180 Wentworth St*Date *March 19 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wentworth - Winthrop
(Cemetery) (City or town)*3/21-23*

19 UNDERTAKER

ADDRESS

C.R. [Signature] *Wentworth*Official
position*Secretary*Date of
issue
of permit*3/19/23*

Permit

No. *057*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wendell
(City or town)
Registered No. 56

1 PLACE OF DEATH

County

City or Town

State

No. 15 George St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

14 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 10, 1923, to March 18, 1923

that I last saw him alive on March 17, 1923,

and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY
(SECONDARY)17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Worcester

(Cemetery)

Creston

(City or town)

DATE OF BURIAL

Mar. 20 - 1923

19 UNDERTAKER

C. R. B. B. B.

ADDRESS

Worcester

Official
position

Secretary

Date of
issue
of permit

3/19/23

Permit

No. 556

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Associations]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (a) *Automobile factory*. The material worked on may form part of the second statement. Return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia*; "Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . shall be issued until the same shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

Registered No. 57

1 PLACE OF DEATH

County

City or Town

State

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1923, to March 24, 1923

That I last saw him alive on March 23, 1923

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH was as follows:

Epithelioma of tongue

(duration) 6 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official

position Secretary

Date of

issue

of permit

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Child engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Synner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

302
N. B. - While filling in, with one exception, physicians should state CAUSE OF DEATH in plain terms, and not in technical language. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, and not in technical language. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

Essex

Danvers

State

Mass.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

(City or town)

(Place of death)

Registered No.

(Place of residence)

2 FULL NAME

Mary Ann Houghton

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

Winthrop

St.

(Usual place of abode)

Length of residence in city or town where death occurred

1 years

3 months

1 days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than 1 day,.....hrs.

or.....min.

85

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Maid

(b) Name of employer

Boston

9 BIRTHPLACE (city or town)

(State or country)

Mass.

10 NAME OF FATHER

Lawson Houghton

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Connecticut

12 MAIDEN NAME OF MOTHER

Mary M. Hingle

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Woburn

14 Informant

(Address)

Castle Rock

Waltham, Mass.

15 Filed

3/27/23

Filed

3/27/23

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 24, 1923

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1921, to Mar. 24, 1923

that I last saw her alive on Mar. 24, 1923

and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia "primary"

CONTRIBUTORY

(SECONDARY)

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edgar Maule Blew

M.D.

26/23 Waltham, Mass.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt. Hope Boston

DATE OF BURIAL

3/27/23

19

20 UNDERTAKER

ADDRESS

Edmund Burke

Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *A automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or if, thereto, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Winthrop

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County Winthrop

Suffolk

State

Massachusetts

Registered No.

59

City or Town

Boston

No.

90 Terrace Ave. Winthrop

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Effie Pennington

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 90 Terrace Ave.
(Usual place of abode)

St.

Ward

Winthrop

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

78

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Nurse

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

England

9 NAME OF
FATHER

Unable to learn Pennington

10 BIRTHPLACE OF
FATHER (City)

(State or country)

England

11 MAIDEN NAME
OF MOTHER

Unable to learn

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

England

13

Informant

Lisa Colaburne

(Address)

90 Terrace Ave. Winthrop, Mass

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Albert S. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 27, 1923
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
March 21, 1923, to March 27, 1923.that I last saw her alive on March 26, 1923,and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH was as follows:

Carcinoma right Breast
general metastasis(duration) 1 yrs. mos. ds.CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death? New York

FOR WHAT?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Personal Examination

(Signed)

R. B. Parker

, M.D.

(Address)

Winthrop, Mass

Date

March 27, 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mass. Crematory

(Cemetery)

Forest Hills (City or town)

DATE OF BURIAL

3/29/23

19 UNDERTAKER

R. B. Parker

ADDRESS

Boston

Official
position

Secretary

Date of
issue of
permit

3/27/23

Permit

No. 508

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service, for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . . It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

30

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (c) the kind of work and also (b) the nature of the business or industry, should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salemian*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as *Lapses*, "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal *epileptic*," "Puerperal *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the certificate required of the attending physician. If death is floated . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No. 329 Winthrop St., Ward 61
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

86

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Sarah F.

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

26

7

10

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Retired

8 BIRTHPLACE (City)

(State or country)

Winthrop
Mass9 NAME OF
FATHER

Samuel Balcher

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Winthrop Mass

11 MAIDEN NAME
OF MOTHER

Mary A. Whitney

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Marine

13

Informant
(Address)Miss Addie Balcher
Winthrop Mass

14

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April

1

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

1918, to

April 1

1923

that I last saw him alive on

March 31, 1923

and that death occurred, on the date stated above, at 8:50 P. M.

The CAUSE OF DEATH was as follows:

Chronic
Cardio-renal diseaseCONTRIBUTORY
(SECONDARY)17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Owille E. Johnson, M.D.

(Address)

123 Winthrop St.
Date April 2, 1923 Winthrop

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop Mass.
(Cemetery) (City or town)

April 4, 1923

19 UNDERTAKER

ADDRESS

Jas M. Blawie, Son Lynn

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Clark S. Smith

Official
position

Secretary

Date of
issue of permit

4/4/23

Permit

No. 561

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory, The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *10 ds. Measles (disease causing death), 29 ds. Bronchopneumonia (secondary)*. Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc., "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as the last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . • • • shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

State of Rhode Island.

CHAPTER 121, GENERAL LAWS, 1909. OF THE REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES

Sec. 20. The clerk or registrar of each town and city shall on the first day of each and every month make a certified copy of all births, marriages and deaths recorded in the books of said town or city during the previous month, whenever the parents of the child born, or the bride or the groom, or the deceased person, were resident in any other town or city in this State or in any other state at the time of said birth, marriage or death; and shall transmit such certified copies to the clerk or registrar of the town, city or state in which such parents of the child born, the bride or the groom, or the deceased, were resident at the time of said birth, marriage or death, stating in case of a birth, the name of the street and number of the house, if any, where such parents resided; the place of birth of such parents and the maiden name of the mother, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording births, marriages and deaths. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the state board of health.

COPY OF THE RECORD OF A

DEATH.

recorded in the books of the City of Providence
(Town or City.)
during the month of April 1923

1. Date of Death April 3 1923 19
2. Name in FULL David Gage Harris
3. Date of Birth June 5 1872 Age 50 yrs 9 mos 29 dys
4. Place of Death City or Town Providence
5. St. or Road & No. Crown Hotel
6. Usual Residence Washington Ave Winthrop Mass
7. Sex Male Color White
9. { Single, Married, }
Widowed or Di- Married
vorced

10. Name of Husband or Wife Frances S
11. Occupation of decedent Dry Goods Salesman
12. Place of Birth Nova Scotia
13. Father's Name William
14. Mother's Name Grestin Grover
15. Parents' Birthplace Fa Nova Scotia Nova Scotia
16. Where to be Buried Oldtown Me
17. Cause of Death Apparently Organic Disease of Heart ★
- Name of Physician C H Griffin
- Name of Informant F S Harris, Wife
- Name of Undertaker H B Knowles Sons
- ★ Found dead by his bed

I certify that the foregoing is a true copy.

Attest,

19

Clerk.
(Town or City.)

April 3. 1923.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Worcester
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

/6 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Charles. Ames

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April 4, 1925
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan. 1, 1923, to April 4, 1925
that I last saw her alive on April 3, 1925

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH was as follows:

carcinoma of the
L to maxilla and interstitial
nephritis.

(duration) 14 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) D. J. Valchogian, M.D.

(Address) 5 Mohol St. Oberlin.

Date April 6, 1925.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Gardner Cemetery Gardner
(Cemetery) Maine (City or town)

DATE OF BURIAL

April 7-1925

19 UNDERTAKER

C. R. Fenner

ADDRESS

Worcester

Official
position

Secretary

Date of
issue
of permit

Apr. 6, 1925

Permit

No. 564

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite term for the same disease); *Cerebromeningitis*"; *Diphtheria* (avoid use of "Croup"; *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as *Lapse*, "Coma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, attesting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from diseases unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only death caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

No.

(City or town)

Registered No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 3, 1923, to April 4, 1923

that I last saw him alive on April 4, 1923

and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH was as follows:

Scurbutus

CONTRIBUTORY (SECONDARY) Pulitis

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

DATE OF BURIAL

(City or town)

19 UNDERTAKER

ADDRESS

Official
positionDate of
issue
of permitPermit
No.

N.B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

April 4. 1923

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No. 15, Revere St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

1923
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 31, 1923, to April 5, 1923.

that I last saw him alive on April 4, 1923

and that death occurred, on the date stated above, at 12:10 A.M.

The CAUSE OF DEATH was as follows:

John pneumonia

(duration)

yrs.

mos.

7 ds.

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M.D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official
positionDate of
issue
of permit

Permit

No. 6463

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Artist, Locomotive engineer, Coal miner, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill*; (a) *Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

19,113
Winchester
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Mass Registered No. 65
City or Town Wrentham No. 71 Precinct Freemont St. Ward

2 FULL NAME Norm Woodbridge Phillips (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 1717 17th Street St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
---------------	--------------------------	---

5a If married, widowed, or divorced
HUSBAND of *Annice Phillips*
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	60	9	11	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... *retired*

(b) Name of employer

8 BIRTHPLACE (City)
(State or country)

9 NAME OF FATHER Norton, W. Phillips

10 BIRTHPLACE OF FATHER (City) unable to obtain
(State or country)

11 MAIDEN NAME OF MOTHER	"	"	
-----------------------------	---	---	--

12 BIRTHPLACE OF MOTHER (City).....
(State or country).....

13 Informant Annie (wife) Phillips
(Address) 71 Fremont St. N. W.

14

Filed _____
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by Albert S. Smith

Official position Secretary

21 Date of issue 4/11/23

Permit No. 566

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH..... April 9, 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Syncope incidentally
to Cardio-vascular
disease.

Goodwin death

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?.....

(Signed) Ray, Bryan Meyneth M.D.
(Address) _____

Medical Examiner for Smith
Date April 10, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL	DATE OF BURIAL
Forest Hill Balm	4/11-1923
(Cemetery)	(Month) (Day) (Year)

19 UNDERTAKER	ADDRESS
C.R. Barnum	Winthrop

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from **injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicæmia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)," "Heart disease, presumably coronary sclerosis. (Sudden death)."

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Norton, Woodbridge Phillips
April 9, 1923

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

No.

433 Winthrop

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Belsky

(a) Residence. No.

433 Winthrop

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop, Mass.

(State or country)

9 NAME OF FATHER

Max Belsky

10 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

11 MAIDEN NAME OF MOTHER

Lena Pearlman

12 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

13

Informant

(Address)

M. Belsky
433 Winthrop St.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Albert Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April

9

1923

16

I HEREBY CERTIFY, That I attended deceased from

April 9, 1923, to April 9, 1923.

that I last saw her alive on April 9, 1923.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

Still born baby

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted

if not at place of death? FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

E. J. MacDonald, M.D.

(Address)

26 Lafayette St. East Boston

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Beth Joseph Cemetery Winthrop April 9 1923

19 UNDERTAKER

ADDRESS

Stavetsky Boston

Official position

secretary

Date of issue of permit

4/8/23

Permit

No. 565

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. (6 yrs.) from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoncum, etc.*, *Carcinoma, Sarcoma, etc.*, etc., etc., etc., (name origin: "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphænia," "Anæmia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Ins-nition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-*peral septicemia*," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, agalactia, meningitis, miscar-riage, necrosis, peritonitis, phibitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word).5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April

11

1923

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

April 7

1923

to April 11

1923

that I last saw her alive on April 11, 1923.

and that death occurred, on the date stated above, at 11.00 A.M.

The CAUSE OF DEATH was as follows:

Carbuncle of face

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

Boercho pneumonia

(duration)

yrs.

mos.

2 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Harold Macnave, M.D.

(Address)

639 Beach St

Date

April 11

1923

(Month)

(Day)

(Year)

Revere

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop

Winthrop

April 11, 1923

(Cemetery)

(City or town)

ADDRESS

20 UNDERTAKER

Frank E. Brown East Boston

Official
position

Secretary

Date of
issue of permit

Apr. 13, 1923 No. 667

Permit

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

April 11, 1928

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer" "Foreman" "Manager" "Dealer" etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *89 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 29, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 29, Sec. 5.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

302
N.B. - WHITE PLAIN, with UNPAID INK - THIS IS PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

Registered No. 4120

(Place of death)

Registered No. 65

(Place of residence)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

City or Town

Boston

No.

CITY HOSPT.

2 FULL NAME

LEO O'DONOGHUE

(a) Residence. State

(Usual place of abode)

MASS.

City or Town

WINTHROP

No.

20 COTTAGE AVE.

St.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

MAR.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

PRAEDA

6 AGE

Years

Months

Days

If LESS than

33

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

SHIP FITTER

(b) Name of employer

U.S.N.

8 BIRTHPLACE (city or town)

BOSTON

(State or country)

9 NAME OF
FATHER

JOHN F.

10 BIRTHPLACE OF
FATHER (city or town)

LOWELL

(State or country)

11 MAIDEN NAME
OF MOTHER

JANE HORGAN

12 BIRTHPLACE OF
MOTHER (city or town)

IRELAND

(State or country)

13

Informant

(Address)

WIFE

14

Filed

APR. 13

E. W. M. Glenen

Registrar of city or town where death occurred

Filed

May 10

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

APR. 11

(Month)

(Day)

1923

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

MAR. 26

, 1923, to

APR. 11, 1923

that I last saw him alive on APR. 11, 1923

and that death occurred, on the date stated above, at 11.15 a.m.

The CAUSE OF DEATH was as follows:

EMPHYEMA

CONTRIBUTORY
(SECONDARY)

SEPTICAEMIA

(duration)

ys.

mos.

21

ds.

(duration)

ys.

mos.

7

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

F. S. BRODERICK

M.D.

, 19

(Address)

APR. 11

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

MAILDEN (HOLY CROSS)

DATE OF BURIAL

APR. 14 1923

19 UNDERTAKER

P. J. MC ARDLE

ADDRESS

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the diseases causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *99 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.**

(2) **Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.**

(3) **Medical examiners will investigate and certify to all deaths supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Danvers

(City or town)

1 PLACE OF DEATH

County

Essex Danvers

State

Mass. Danvers State Hospital

Registered No.

(Place of death)

Registered No.

(Place of residence)

City or Town

William H. Perry

No.

Death occurred in a hospital or institution, give its NAME instead of street and number

St.

Ward

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

(Usual place of abode)

Mass.

City or Town

Winthrop

No.

St.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofTerry
Alice Terry

6 AGE

37

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

laborer

(b) Name of employer

8 BIRTHPLACE (city or town)

New York

(State or country)

N.Y.

9 NAME OF
FATHER

Horace B. Terry

10 BIRTHPLACE OF
FATHER (city or town)

New York

(State or country)

N.Y.

11 MAIDEN NAME
OF MOTHER

Mathilda Terry

12 BIRTHPLACE OF
MOTHER (city or town)

Cannot be learned

(State or country)

13

Informant

Orestis Rock

(Address)

Hathorne, Mass.

14

Filed

4/18/23, 19

Filed

May 1923, 1923

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April 12, 1923.

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 5, 1923, to April 12, 1923.

that I last saw him alive on

April 12, 1923.

and that death occurred, on the date stated above, at 3:40 a.m.

The CAUSE OF DEATH was as follows:

General paralysis

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed)

Guy C. Randall

M.D.

4/15/23 (Address) Hathorne, Mass.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop

DATE OF BURIAL

4/15/23.

19 UNDERTAKER

C. R. Bennison

Winthrop

ADDRESS

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphentia* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, just seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 56, Sec. 6.*

. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B. - WHITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back so that it may be properly classified.

The Commonwealth of Massachusetts

BOSTON

(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

City or Town

Boston

No.

PALMER MEM. HOSP.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

HENRY C. TEWKSBURY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

205 PLEASANT

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

WID.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

HANNAH WHALES

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

81

9

9

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

AT HOME

(b) Name of employer

8 BIRTHPLACE (city or town)

WINTHROP

(State or country)

9 NAME OF
FATHER

MARTIN W.

10 BIRTHPLACE OF
FATHER (city or town)

WINTHROP

(State or country)

11 MAIDEN NAME
OF MOTHER

ADALINE TEWKSBURY

12 BIRTHPLACE OF
MOTHER (city or town)

WINTHROP

(State or country)

13

Informant

PALMER MEM. HOSP.

(Address)

14

Filed

APR. 17

19 23

E. W. M. Glenen

Registrar of city or town where death occurred

Filed

APR. 17

19 23

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

APR. 13

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

MAR. 21

19 23, to

APR. 13

19 23.

that I last saw him alive on

APR. 13

19 23.

and that death occurred, on the date stated above, at 9.45P. m.

The CAUSE OF DEATH was as follows:

TUBES DORSALIS

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

W. E. BARNES

M.D.

, 19 (Address)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
EVERETT (WOODLAWN)

DATE OF BURIAL

APR. 15 19 23

19 UNDERTAKER

ADDRESS

J. S. WATERMAN & SONS

of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meningis* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until the aforesaid have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

William J. Morrison

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

60

3

7

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Charlestown Mass

9 NAME OF
FATHER

Thomas Reilly

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Unknown

11 MAIDEN NAME
OF MOTHER

Unknown

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Unknown

13

Informant

(Address)

Arthur W. Morrison
462 Shirley St Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Robert J. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

16 (Day)

1923 (Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 7, 1923, to April 16, 1923.

that I last saw her alive on April 16, 1923.

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH was as follows:

Acute Intestinal Nephritis
Acute myocarditis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Raymond B. Parker

M.D.

(Address)

Winthrop Mass

Date

April 16

(Month) (Day)

1923 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop (Cemetery)

Winthrop (City or town)

April 18-23

19 UNDERTAKER

ADDRESS

Frank E. Brown

East Boston

Official
position

Secretary

Date of
issue
of permit

7-7-23

Permit

No. 528

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of various pursuits is very important, so that the relative healthfulness of occupations can be known. The question applies to each and every person, irrespective of age, for many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Laborer*, *Engineer*, *Civil Engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphasia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **unavoidably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14 (daughter) Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr.

16

1923

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

A.M.

Apr. 16

1923

to

Apr. 16

1923

that I last saw her alive on Apr. 16, 1923

and that death occurred, on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH was as follows:

Uremia

(duration)

yrs.

mos.

ds.

CONTRIBUTORY Chronic Valvular Disease

(SECONDARY)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

No

(Signed)

Edward J. Trauger

M.D.

(Address)

75 Irving St.

Date

Apr.

17

1923

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

Mt Feake Waltham

(City or town)

April 19 1923

20 UNDERTAKER

ADDRESS

Frank E. Brown East Boston

Official
position

Secretary

Date of
issue
of permit

4/17/23

Permit

No. 569

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

W. B. WHITE, CLERK, WITH OUTLINE BOOK THIS IS A TYPING INSTRUCTIONS. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

April 16 1928

Statement of occupation. —

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral, septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscer-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement con-taining the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the at-tending physician, if any, as required by law, or in lieu thereof a certi-ficate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the per-mit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

REVISÉD UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Cool mite*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Iatrogenia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Act of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.**

(2) **Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.**

(3) **Medical examiners will investigate and certify to all deaths supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No. *74*

City or Town

Winthrop

No.

83 Cottage Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Annie H. Ripley

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

83 Cottage Ave

St.

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Charles H. Ripley

6 AGE

Years

Months

Days

If LESS than

53

—

—

1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass

9 NAME OF
FATHER

Charles Lewis

10 BIRTHPLACE OF
FATHER (City).....

(State or country)

unknown

11 MAIDEN NAME
OF MOTHER

Hannah Lison

12 BIRTHPLACE OF
MOTHER (City).....

(State or country)

Boston

Mass

13

Informant

Phillips H. Ripley

(Address)

83 Cottage Ave

14

Filed

Apr 21, 1923
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Apr 20
(Month)

1923
(Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Apr 16, 1923, to *Apr 20*, 1923,

that I last saw him alive on *Apr 20*, 1923,

and that death occurred, on the date stated above, at *8 A.M.*

The CAUSE OF DEATH was as follows:

Septicæmia from Vincent's angina

(duration) yrs. mos. *3* ds.

CONTRIBUTORY

Pericardial Metastasis

(SECONDARY)

(duration) *few hrs* mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? *No* Date of *—*

Was there an autopsy? *No*

What test confirmed diagnosis? *Specimen sent for expert test*

(Signed) *Richard Dwyer*

M.D.

(Address) *114 Pleasant St.*

Date *Apr 20*, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mr. Auburn
(Cemetery)

Camt.
(City or town)

DATE OF BURIAL

April 22, 23

19 UNDERTAKER

F. J. Crosby

ADDRESS

*12 Haren St.
Boston*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

S. A. Mowry

Official position

Health Officer

Date of issue of permit

Apr 20-23 No. *570*

Permit

April 26, 1921

EXTRACTS FROM THE LAWS OF THE STATE OF MASSACHUSETTS

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died! . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be recomputed, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make

The person to whom the permit is so given and the physical cause of violence, the medical examiner shall make such ver-

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.

—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness.

(2) Board of Health Physicians will certify to such deaths only as

those of persons who, though ascribed by recognized census authorities, have died without recent attendance or

needed.

(3) Medical examiners will investigate and certify to all deaths **possibly** due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

75

City or Town

Winthrop

No. 40, Cottage Park Rd.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Selina Chase Washburn

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

40 Cottage Park Rd.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

July 4.

87

8

16

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

Swansea

(State or country)

Mass.

9 NAME OF
FATHER

Cyrus Washburn

10 BIRTHPLACE OF
FATHER (City)

Salem

(State or country)

Mass.

11 MAIDEN NAME
OF MOTHER

Mary Phelps

12 BIRTHPLACE OF
MOTHER (City)

Swansea

(State or country)

Mass.

PARENTS

13

Informant

Kellie M. Leighton

(Address)

40 Cottage Park Rd.

14

Filed

April 4, 1923
(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory
standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

S. R. Mayberry

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April

20

1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan. 1923, to April 19, 1923.

that I last saw her alive on April 19, 1923,

and that death occurred, on the date stated above, at 10 A. M.

The CAUSE OF DEATH was as follows:

Senility

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

(duration) yrs. mos. 14 ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) T. J. 9 Truitt, M.D.

(Address) 218 Main St.

Date April 20, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

One acre

Lynn

DATE OF BURIAL

April 22, 1923

19 UNDERTAKER

ADDRESS

L. R. Bennison

Winthrop

Official
position

Health Officer

Date of
issue of permit

4/21/23

Permit

No. 572

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *City Engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former retired, 6 yrs.* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *23 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. . . . If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 83, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

305
should be supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 4466 (Place of death) Registered No. 1466 (Place of residence)
City or Town Boston No. CHILDRENS HOSPT. St. 76 Ward 76
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME RICHARD S ALPERIN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. MASS. WINTHROP St. Ward. 44 TRIDENT AVE.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE Years Months Days If LESS than 1 day..... hrs. or..... min.
2

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) WINTHROP
(State or country)

9 NAME OF FATHER MICHAEL ALPERIN

10 BIRTHPLACE OF FATHER (city or town) BOSTON
(State or country)

11 MAIDEN NAME OF MOTHER KATIE DAVIS

12 BIRTHPLACE OF MOTHER (city or town) BOSTON
(State or country)

13 Informant A. ALPERT
(Address)

14 Filed APR. 24, 192 3 E. W. M. Glenen
Registrar of city or town where death occurred
Filed APR. 24, 192 3
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH APR. 20 192 3
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

SYNCOPE WHILE UNDER INFLUENCE OF
ETHER, ADMINISTERED AS SURGICAL ANAES-
THETIC (TONSILLECTOMY)
PERSISTENT THYMUS GLAND, 58 GRAMS
DISCLOSED BY AUTOPSY)

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) GEORGE BURGESS MAGRATH, M.D.
(Address) BOSTON, MASS.

Medical Examiner for SUFFOLK CO.
Date APR. 21, 192 3
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL NETHERLAND CEM. DATE OF BURIAL APR. 22, 192 3
(Month) (Day) (Year)

19 UNDERTAKER MEYER SOLOMON ADDRESS

20 Burial permit issued by Official position

21 Date of issue 192

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

DESCRIPTION (for unknown person)

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 33, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from **injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicæmia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

April 20, 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept 17, 1922, to Sept 21, 1922

that I last saw him alive on Sept 21, 1922

and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH was as follows:

Dysentery from
intestinal pressureCONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M.D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

C R Benness

Official
positionDate of
issue
of permit

Permit

No. 574

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Cattleman, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *2d* *ds*: *Bronchopneumonia* (secondary), *10 ds*. Never report more symptoms or terminal conditions, such as "Asplenia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — Gen. Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness of disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

WHILE PLACED IN THE OFFICE OF THE SECRETARY OF THE COMMONWEALTH OF MASSACHUSETTS, 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF BIRTH

County Suffolk

State Mass

(City or town)

Registered No. 78

City or Town Winthrop

No. 117 Revere

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary M. Roberts

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 117 Revere

St. Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

4

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

None

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Medford Mass

9 NAME OF
FATHER

Thomas Roberts

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Don't know

11 MAIDEN NAME
OF MOTHER

Margaret Field

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Co. Cork Island

13

Informant

(Address)

Margaret Field (Mother)
117 Revere St Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

Albert S. Smith
4-2

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April
(Month)

24
(Day)

1923
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

19 One visit April 22, 1923

that I last saw her alive on April 22, 1923

and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH was as follows:

Malnutrition

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. J. Sorelle

M.D.

(Address) 180 Winthrop St Winthrop Mass

Date April 23, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Oak Grove
(Cemetery)

Medford
(City or town)

DATE OF BURIAL

4/24/23

19 UNDERTAKER

Edward J. Gaffney & Son

ADDRESS

Medford

Official
position

Secretary
H. J.

Date of
issue
of permit

4/23/23

Permit

No. 572

April 22, 1923
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Ins-nition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscer-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contradicted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by traumatic means (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

13,151

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Mass Registered No. 79
City or Town Wentworth No. 10 Sagamore Ave St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Aris M. Hanson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Wentworth, 10 Sagamore Ave Ward.
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 years X months X days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5a If married, widowed, or divorced HUSBAND of William S Hanson (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
52 2 14

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Portland -
Maine

9 NAME OF FATHER

Joseph Parker

10 BIRTHPLACE OF FATHER (City)

(State or country)

Portland
Me.

11 MAIDEN NAME OF MOTHER

Julia Hicks

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Portland
Me

13

Informant Husband, (Wm. S. Hanson)

(Address) 50 Sagamore Ave

14

Filed March 23
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by

S E Mowry

Official position

Heath Alpin

21 Date of issue

4/27-28

Permit No.

575

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH. April 25 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Prisoning by illuminating gas, suicidal.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Wm. S. Hanson M.D.
(Address)

Medical Examiner for Suffolk

Date April 25 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Wentworth // Wentworth 4/27-28
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER

C R Benson

ADDRESS

Wentworth

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

Wise m. Hadden
April 25, 1923

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 58, Sec. 8.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

(City or town)

City or Town

No. 126, Cottage Park Road

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Lizzie D. Belcher

6 AGE

Years

Months

Days

If LESS than

78

6

14

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Real

(b) Name of employer

estate

8 BIRTHPLACE (City)

(State or country)

Winthrop Mass

9 NAME OF
FATHER

William Belcher

10 BIRTHPLACE OF
FATHER (City)

(State or country)

unable to obtain

11 MAIDEN NAME
OF MOTHER

Estia Belcher

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Revere
Mass

13

Informant
(Address)Lizzie D. Belcher
126 Cottage Park Rd
Winthrop Mass Rd

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

28

(Day)

23

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

7/20

1923, to

4/28

1923,

that I last saw him alive on

4/28

1923,

and that death occurred, on the date stated above, at

9 P. M.

The CAUSE OF DEATH was as follows:

Pyelo-Nephritis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

Lymphosarcoma

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

yes

Date of

4/10/23

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

Harvey Artely

M.D.

(Address)

200 Pleasant St W

Date

(Month)

30

(Day)

23

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop
(Cemetery)Winthrop
(City or town)

May 1st 23.

19 UNDERTAKER

ADDRESS

C.R. Pennington

Winthrop

Official
positionDate of
issue
of permit

Permit

No. 1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *A school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Curculionoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

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- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

5

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND or
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Apr.

29

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Apr. 28

1923

to Apr. 29

1923

that I last saw ~~her~~ alive on Apr. 29

and that death occurred, on the date stated above, at 9-30 P.M.

The CAUSE OF DEATH was as follows:

Uremia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY)

Chronic Endocarditis

(duration) yrs. ? mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? N U

(Signed)

Edward J. Fraenger

M.D.

(Address)

7 Irving St.

Date

May 1

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Waltham

(Cemetery)

Waltham

(City or town)

DATE OF BURIAL

May 2 - 1923

19 UNDERTAKER

C.R. (Burma)

ADDRESS

Waltham

Official position

Health Officer

Date of

issue

May 2, 1923

Permit

No.

577

April 29, 1920
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *A school or At home*, and children, not gainfully employed, the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-eral septicemia," "Puereral peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, sitting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the . . . where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County Suffolk State MassachusettsRegistered No. 4796

(Place of death)

City or Town Boston No. HOME FOR AGED WOMEN St. WardRegistered No. 82

(Place of residence)

2 FULL NAME

GEORGIANA I. WATSON

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 243 WINTHROP St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
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5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years <u>76</u>	Months	Days <u>26</u>	If LESS than 1 day, hrs. or min.
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If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

NONE

(b) Name of employer

8 BIRTHPLACE (city or town)

LOWELL

(State or country)

9 NAME OF FATHER SHEPARD WATSON10 BIRTHPLACE OF FATHER (city or town) FAYETTE
(State or country) ME.11 MAIDEN NAME OF MOTHER EMELINE TREAT12 BIRTHPLACE OF MOTHER (city or town) NEWBURYPORT
(State or country)13 Informant MATRON

(Address)

14 Filed MAY 3, 1923 EWM Glenen
Registrar of city or town where death occurredFiled May 10, 1923
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH APR. 29, 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
MAR. 1, 1923, to APR. 29, 1923,
that I last saw h ER alive on APR. 29, 1923,
and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH was as follows:

MYOCARDITIS(duration) 2 yrs. 2 mos. 2 ds.CONTRIBUTORY ARTERIO-SCLEROSIS
(SECONDARY)(duration) 2 yrs. 2 mos. 2 ds.17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) JOHN L. AMES, M.D.
, 19 (Address) APR. 29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

LOWELL

DATE OF BURIAL

MAY 1 1923

19 UNDERTAKER

F. L. BRIGGS

ADDRESS

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Declarer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever*; the only definite synonym is "Epidemic cerebrospinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Colic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until the same shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.

The Commonwealth of Massachusetts

BOSTON

(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**City or Town **Boston** No. **MASS. GEN. HOSPT.**Registered No. **5759**
(Place of death)Registered No. **129**
(Place of residence)St. **Ward**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **MARY JANE MORGAN**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS** City or Town **WINTHROP** No. **26 MARSHALL** St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of**THOMAS**6 AGE Years Months Days If LESS than 1 day, hrs. or min.
68

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

HOUSEWIFE

(b) Name of employer

8 BIRTHPLACE (city or town) **ENGLAND**

(State or country)

9 NAME OF FATHER **DAVID HUGHES**

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

ENGLAND

11 MAIDEN NAME OF MOTHER

MARY MADDOX

12 BIRTHPLACE OF MOTHER (city or town)

(State or country)

ENGLAND13 **HUSBAND**

Informant

(Address)

14 Filed **JUN. 5**, 1923 **E. W. M. Glenen**
Registrar of city or town where death occurredFiled _____, 1923 _____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JUNE 2**, 1923
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
MAY 31, 19**23**, to **JUNE 2**, 19**23**,that I last saw h. **ER** alive on **JUNE 2**, 19**23**,and that death occurred, on the date stated above, at **7.15A** m.

The CAUSE OF DEATH was as follows:

CHOLECYSTITIS

(duration) yrs. mos. ds.

CONTRIBUTORY **ACUTE PANCREATITIS**
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? **YES** Date of **MAY 31**

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **G. A. MAC IVER**, M.D., 19 (Address) **JUN. 2**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WINTHROP (WINTHROP CEM)

DATE OF BURIAL

JUN. 4 19**23**

19 UNDERTAKER

C. R. BENNISON

ADDRESS

WINTHROP

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary); 10 ds. Never report mere symptoms or terminal conditions, such as "asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46*.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6*.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7*.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

WINTHROP
BOSTON

No.

26 Canal Ave St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Abraham Phillips

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

26 Canal Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

2

years

months

days.

How long in U. S., if of foreign birth?

12

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Jennie

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

70

Years

Months

Days

If LESS than

If STILLBORN, enter that fact here

1 day.....hrs.

If STILLBORN, state period of uterogestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

Retired

(a) Trade, profession, or

particular kind of work

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)

Russia

(State or country)

10 NAME OF
FATHER

Rubin Phillips

11 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

12 MAIDEN NAME
OF MOTHER

Learned Rose cannot be

13 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

14

Informant

(Address)

Jennie Phillips
26 Canal Ave

15

Filed

June 22, 1923

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued

J. C. Maury

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June

3

1923

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

April 15, 1923, to June 3, 1923,

that I last saw him alive on June 3, 1923,

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease
Chronic Interstitial Nephritis

(duration) 1 yrs. + mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death? At home

FOR WHAT?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation

(Signed) R. B. Parker

M.D.

(Address) Wintthrop Mass

Date June 4, 1923

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Chapel of Mount Auburn

(Cemetery)

(City or town)

June 4, 1923

20 UNDERTAKER

ADDRESS

Jacob Stanetsky, Boston

Official position Health Officer

Date of issue of permit 6/4/23

Permit

No. 592

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

June 3 1923

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The manual worker on any form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer* — *Coal haul only* (not paid *Housekeeper* who receive a definite salary), may be employed, as *At school* or *At home*, and children, not gainfully employed, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary); 10 ds. Never report mere symptoms or terminal conditions, such as "Asystolia," "Anoxia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Pre-eclampsia," "Septicemia," "Perineal laceration," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which solve any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (designated so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, upon the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is made.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or mo.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant
(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June

5

23

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 2, 1923, to June 5, 1923

that I last saw her alive on June 5, 1923

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH was as follows:

Congenital Hydrocephalus

(duration)

yrs.

mos.

4 ds.

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M.D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop, Winthrop

(Cemetery) (City or town)

June 8, 1923

19 UNDERTAKER

ADDRESS

Charles R. Beninson

147 Winthrop St., Winthrop

Official
position

Health Officer

Date of
issue

of permit

Permit

No. 594

N.B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d d.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Month

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 2, 1923, to June 6, 1923.

that I last saw him alive on June 5, 1923.

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH was as follows:

Diphtheria

(duration).....yrs.....mos. 7 ds.

CONTRIBUTORY

(SECONDARY)

(duration).....yrs.....mos.....ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Holy Cross Malden
(Cemetery) (City or town)

June 7/23

19 UNDERTAKER

ADDRESS

John F. O'Malley

Winthrop

Official
positionDate of
issue

of permit

Permit

No.

Health Officer June 7, 23 No. 593

WHITE PLAINLY, WITH UNFADING BLACK INK RECORD. Every item of information 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Coal miner, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer - Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 day; *Bronchopneumonia* (secondary), 10 day. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

13,232

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 33)

County

Suffolk

State

Registered No.

City or Town

Wintthrop

No. *229 Washington Ave.* St.

Ward

If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Walter J. Dolan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Wintthrop, 229 Wash Ave.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Melen S. Sinnott

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

31

8

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Provision dealer

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass

9 NAME OF
FATHER

John L. Dolan

10 BIRTHPLACE OF
FATHER (City)

Boston

(State or country)

Mass

11 MAIDEN NAME
OF MOTHER

Catherine E. Rooney

12 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

Mass

13

Informant

Mrs. Helen S. Dolan

(Address)

229 Washington St. Wintthrop

14

Filed

June 22, 1923

(Month) (Day) (Year)

REGISTRAR

20 Burial permit

issued by

John J. Rooney

Official

position

Health Officer

21 Date of

issue

6/22/23

Permit

No.

506

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June

8

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

*Natural Causes:
Presumably, Cardio-
vascular disorder -
(Sudden death)*

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

Levy Benjamin Magnitt

M.D.

(Address)

Medical Examiner for

Suffolk

Date

June 8

1923

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Calvary

Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Jun 11, 1923

(Month) (Day) (Year)

19 UNDERTAKER

F. J. Crosby

ADDRESS

*12 Warren St.
Boston*

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Walter J. Stanton
June 8. 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No.

50

Hutchinson

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Rebecca E. Gaffney

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

50 Hutchinson

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

68

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

d. home

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass.

9 NAME OF
FATHER

Andrew

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Catherine Fitzpatrick

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

13

Informant

(Address)

Marcel Gaffney

50 Hutchinson St.

14

Filed

June 22, 1923

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June

9

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb. 15

1923

to

June 9

1923

that I last saw her alive on

June 9

1923

and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH was as follows:

Chronic Endocarditis

(duration)

yrs.

5

mos.

ds.

CONTRIBUTORY
(SECONDARY)

Acute dilatation of heart

(duration)

yrs.

1

mos.

1

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Frainger

M.D.

(Address)

70 Union St.

Date

June

9

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Woods Brookline

June 11, 1923

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

John F. O'Malley

Winthrop

Official
position

Health Officer

Date of
issue
of permit

June 9-23

Permit

No.

595

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation; using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meninges* (disease causing death), *99 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Prosy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health.** Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

June 22, 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

1923

16

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....,

that I last saw him alive on....., 19.....,

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Still born

CONTRIBUTORY
(SECONDARY)

(duration).....yrs.....mos.....ds.

(duration).....yrs.....mos.....ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Personal Observation
Raymond B. Barker, M.D.

(Address)

Date

(Month)

(Day)

1923

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

June 13, 1923

19 UNDERTAKER

ADDRESS

Charles R. Benson

147 North St.

Official
position

Health Officer

Date of
issue

1/13/23

Permit

No. 577

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *de*; *Bronchopneumonia* (secondary), 10 *de*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Scmle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicaemia," "Puerperal, peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 49.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Northrop
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No. 218 Court Road St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

If in the Army or Navy of the United States, give rank, organization, etc.)

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mary T. Elliott

6 AGE

Years

Months

Days

If LESS than

67

~

13

1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Owner of Alden Laundry
Boston

8 BIRTHPLACE (City)

(State or country)

Danville
Quebec, Canada

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

William G. Elliott

Lowell

Mass.

Mary Wilcox

Huntingtonville
Canada

13

Informant

(Address)

Mary T. Elliott
218 Court Rd.

14

Filed

June 22, 1923
(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June

12

1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 9, 1923, to June 11, 1923,

that I last saw him alive on June 11, 1923,

and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH was as follows:

Branch - pneumonia

(duration)

yrs.

mos. 3-4 ds.

CONTRIBUTORY
(SECONDARY)

myocarditis

(duration)

yrs.

mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

none

(Signed)

Henry R. Johnson

M.D.

(Address)

103 Mt. Vernon St.

Date

June 12

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Raymond Cemetery

Raymond Cemetery

North St.

June 13, 1923
(City or town)

19 UNDERTAKER

ADDRESS

Charles R. Bemison Northrop St.

Official
position

Date of
issue

of permit

Permit

No. 278

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archibed, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *A school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County Suffolk State MASSACHUSETTS. Registered No. _____
Township Winthrop or Village _____ or
City _____ No. Station Hospital, Ft. Banks, Mass. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edna M. Larkin Wyss

(a) Residence. No. Fort Banks, Mass. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced
HUSBAND of Charles W. Wyss
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 18. 1885.

7 AGE Years 37 Months 7 Days 8 If LESS than 1 day, --- hrs. or --- min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pubnico,
(State or country) Nova Scotia.

10 NAME OF FATHER Caleb A Larkin

11 BIRTHPLACE OF FATHER (city or town) Nova Scotia
(State or country)

12 MAIDEN NAME OF MOTHER Isabelle Murphy

13 BIRTHPLACE OF MOTHER (city or town) Nova Scotia
(State or country)

14 Informant Charles W Wyss Husband,
(Address) Fort Banks Winthrop Mass

15 Filled _____, 19 _____

11—3184

REGISTRAR

J. A. Muzzy

Health Officer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16, 1923

17 I HEREBY CERTIFY, That I attended deceased from
June 7, 1923, to June 16, 1923,

that I last saw her alive on June 16, 1923,

and that death occurred, on the date stated above, at 10:30 A.m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia.

(duration) 0 yrs. 0 mos. 8 ds.

CONTRIBUTORY
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory.

(Signed) J. W. Lusk Cert. M. C., M. D.

(Address) Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

oak grove Plymouth June 19. 1923.

20 UNDERTAKER

ADDRESS

L. R. Bennison

Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

June-16, 1923

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and this scope can be extended at a later date.

11-3154

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Methuen
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Methuen

No.

36

Tewksbury

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Annette Collins Billings

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 36, Tewksbury
(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND or
(or) WIFE of

Clarence H. Billings

6 AGE

Years

Months

Days

If LESS than

80

—

—

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Maine

9 NAME OF
FATHER

Nathan Bran

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Maine

11 MAIDEN NAME
OF MOTHER

Elizabeth White

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Maine

13

Informant

Wilfred Collins

(Address)

36 Tewksbury St.

14

Filed

June 23, 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

S. A. Maury

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June

17

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 19, 1923, to June 17, 1923,

that I last saw her alive on June 17, 1923,

and that death occurred, on the date stated above, at 6:58 P.m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis - senility

(duration) 7 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Edema

(duration) yrs. 1 mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Richard H. Hickey

M.D.

(Address)

114 Pleasant St.

Date

June

19

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt. Auburn, Cambridge

(Cemetery)

(City or town)

DATE OF BURIAL

June 20

1923

19 UNDERTAKER

R. R. Benson

ADDRESS

147 Methuen
St.Official
position

Health Officer

Date of
issue
of permit

6/20/23

Permit

No. 650

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVERSED UNITED STATES STANDARD CERTIFICATE OF DEATH

June 17, 1923
(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc.; Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-301
in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word).

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)

10 NAME OF
FATHER

11 BIRTHPLACE OF
FATHER (City)
(State or country)

12 MAIDEN NAME
OF MOTHER

13 BIRTHPLACE OF
MOTHER (City)
(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June

20

1923

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

June 12

, 1923,

to

June 20

, 1923,

that I last saw her alive on

June 20

, 1923,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH was as follows:

Papillary Adeno Carcinoma
of Cervix

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

at home

Did an operation precede death?

Yes

Date of

June 12/23

Was there an autopsy?

No

What test confirmed diagnosis?

Pathological Examination

(Signed)

R. B. Parker

, M.D.

(Address)

Winthrop Mass

Date

June

21

1923

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop Winthrop

(Cemetery) (City or town)

June 23 1923

20 UNDERTAKER

ADDRESS

Frank E. Brown East Boston

Official position

Health Officer

Date of issue of permit

June 22, 1923

Permit

No. 600

June 26, 1923
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtania," "Anemia" (merely symptomatic), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phibitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 382.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 29, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH

County *Suffolk* State *Massachusetts* Registered No. _____
City or Town *Winthrop* No. *45 Shore Drive* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Margaret Arnoldson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *45 Shore Drive* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred *9* years months days How long in U. S., if of foreign birth? *35* years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
5a If married, widowed, or divorced, ~~HUSBAND~~ (or) WIFE of *Anders Arnoldson*
6 AGE *89* Years *2* Months *24* Days If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housekeeper (Retired)*
(b) Name of employer _____

8 BIRTHPLACE (City)

(State or country) *Sweden*

9 NAME OF FATHER

Erick Rapp

10 BIRTHPLACE OF FATHER (City)

(State or country) *Sweden*

11 MAIDEN NAME OF MOTHER

Elizabeth

12 BIRTHPLACE OF MOTHER (City)

(State or country) *Sweden*

13

Informant *Sigrid Carlsson*
(Address) *45 Shore Drive Winthrop*

14

Filed *June 25 1923*
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S. E. Mayrey

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *June 25 1923*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *June 25*, 19*23*, to _____, 19____

that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at *4:45 P.M.*
The CAUSE OF DEATH was as follows:

Unknown. Died two minutes after my arrival. Heart beats not heard. Was taken with dyspnea. 1/2 hour before death.
CONTRIBUTORY (SECONDARY) *1/2 hour before death.*
(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) *Edward J. Frainger*, M.D.

(Address) *7 Irving St.*

Date *June 25 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Hill Boston
(Cemetery) (City or town)

DATE OF BURIAL

June 27 1923

19 UNDERTAKER

C. Nordling
Boston

ADDRESS

Official position *Health Officer* Date of issue of permit *June 25 1923* Permit No. *601*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U.S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (traded, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Meninges; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meninges* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asplenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, whom last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

02
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.

The Commonwealth of Massachusetts

Drivers

(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Essex

Mass.

Registered No.

(Place of death)

County

Mass. Danvers,

State

Danvers State Hospital

Registered No.

(Place of residence)

City or Town

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2 FULL NAME

Annie E. Gilbert

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

Mass.

City or Town

Winthrop

No.

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

7

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

female

white

widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Cannot be learned

6 AGE

Years

Months

Days

If LESS than

65

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

none

(b) Name of employer

8 BIRTHPLACE (city or town)

New York,

(State or country)

New York

9 NAME OF
FATHER

Louis Evans

10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

Cannot be learned

11 MAIDEN NAME
OF MOTHER

Cannot be learned

12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

Cannot be learned

13

Informant

Clare E. Lyon

(Address)

14

Filed

7/2/23.

19

Registrar of city or town where death occurred

Filed

July 11, 1923

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 27, 1923.

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 21, 1923, to June 27, 1923.

that I last saw her alive on June 27, 1923.

and that death occurred, on the date stated above, at 2.10 a. m.

The CAUSE OF DEATH was as follows:

Chronic myo caraitis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted

if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edgar Maule Blew

M.D.

(Address)

Hathorne, Mass.

Date

June 28, 1923.

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop, Winthrop, Mass.

6/20/23.

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

C. R. Bennison

Winthrop

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*. *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculate of lungs*, *meninges*, *pertussis*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Lethity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-flu-enzia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Com-mittees on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No. 18

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, 2 hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

PARENTS

13

Informant
(Address)

14

Filed
(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

28
(Day)1923
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 28, 1923, to

that I last saw her alive on June 28, 1923,

and that death occurred, on the date stated above, at 7 PM m.

The CAUSE OF DEATH was as follows:

Malformation of heart
(babe was 2 hours old)

(duration) 7 yrs. 9 mos. 0 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Horace J. Soole, M.D.

(Address) 180 Winthrop St.

Date June 29, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Michaels Boston 7/30/23
(Cemetery) (City or town)

19 UNDERTAKER

ADDRESS

J. J. Mahoney, Winthrop

Official
position.

Health Officer Date of issue of permit June 30, 1923 No. 604

N. B.—WRITE PLAINLY, WITH UNFADEING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

June 28, 1923
 Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be employed as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-301
N.B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 15, 1925, to June 22, 1925,
that I last saw him alive on June 20, 1925,
and that death occurred, on the date stated above, at 2:00 p.m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY
(SECONDARY)

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

19 UNDERTAKER

DATE OF BURIAL

ADDRESS

Official
position

Date of
issue
of permit

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Law office engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory mill*; (a) *Laborer*, (b) *Manager*; "a" *Dealer*, "b" etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, *first*, the **disease causing death** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebidity" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

Ho shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winstor
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

11

11

28

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

16

HEREBY CERTIFY, That I attended deceased from

June 14, 1923, June 30, 1923

that I last saw her alive on June 30, 1923

and that death occurred, on the date stated above, at 9:10 p. m.

The CAUSE OF DEATH was as follows:

Gangrenous ruptured appendix
Cecitis with general peritonitis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of June 14, 1923

Was there an autopsy? No

What test confirmed diagnosis? operation

(Signed) H. C. Pradgon, M.D.

(Address) 7 Central Sq. East Boston

Date June 30, 1923 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wollaston Cemetery - Everett

(Cemetery) (City or town)

DATE OF BURIAL

July 3, 1923

19 UNDERTAKER

Chas. R. Bonner Winstor

Official position Date of issue of permit

7-3-23 No. 626

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATE STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *A school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphentria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia," (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-nation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a phys-ician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the phys-ician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths un-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Worcester
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

84

City or Town

Worcester

No.

205 Cliff Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Abram. Gray Downs

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

205 Cliff Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

30

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Charlotte. Downs

6 AGE

Years

Months

Days

If LESS than

52

9

12

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Lebanon Me

(State or country)

9 NAME OF
FATHER

Lewis Downes

10 BIRTHPLACE OF
FATHER (City)

Lebanon Me

(State or country)

11 MAIDEN NAME
OF MOTHER

Alice Libbey

12 BIRTHPLACE OF
MOTHER (City)

Lebanon Me

(State or country)

13

Informant

Charlotte Downs

(Address)

14

Filed

May 4, 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me

BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May 1, 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 29, 1923, May 1, 1923

that I last saw him alive on April 30, 1923

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(duration)

yrs.

mos.

2 ds.

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

E. W. Brown, M.D.

(Address)

20 Cressent Ave

Date

May 31, 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Worcester

(Cemetery)

DATE OF BURIAL

Worcester May 3

(City or town)

19 UNDERTAKER

C. R. Benson

ADDRESS

Worcester

Official
positionDate of
issue
of permit

5/13/23

Permit

No. 2, 2

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

May 1, 1923
[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Chilteigher*, *Stationary fireman*, etc. But in many cases, especially in industrial occupations, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *A school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Int-nition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral *septicemia*," "Puerperal *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, whom last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths un-possibly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphentia* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-nation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittees on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

15 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May
(Month)6
(Day)1923
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19,

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH was as follows:

Chronic Valvular heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

at home

Did an operation precede death?

no Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Pneumal infection

(Signed)

Raymond B. Paulsen M.D.

(Address)

Winthrop, Board of Health.

Date

May
(Month)6
(Day)1923
(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cremated. Boston.

(Cemetery)

(City or town)

May 8, 1923

19 UNDERTAKER

ADDRESS

John J. C. Paulsen

Winthrop

Official
position

Health Officer

Date of
issue
of permit

7/7/23

Permit

No. 582

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric disease causing death, 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**City or Town **Boston** No. **ST ELIZ. HOSP.**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **5022**

(Place of death)

Registered No. **127**

(Place of residence)

St. Ward

2 FULL NAME **WILLIAM F. SHINE**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **65 WALDEMAR AVE** St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**S**5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

62

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**SALESMAN**

(b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**

(State or country)

9 NAME OF
FATHER**DANIEL SHINE**10 BIRTHPLACE OF
FATHER (city or town)
(State or country)**IRELAND**11 MAIDEN NAME
OF MOTHER**JULIA O'NEIL**12 BIRTHPLACE OF
MOTHER (city or town)
(State or country)**IRELAND**

13

Informant
(Address)**SISTER**14 Filed **MAY 10** 1923**E. W. McGlenen**
Registrar of city or town where death occurred

Filed 1923

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

MAY 7

(Month)

(Day)

1923

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

APR. 23, 19**23**, to**MAY 7**

, 1923.

that I last saw him alive on **MAY 7**, 1923.and that death occurred, on the date stated above, at **11 A** m.

The CAUSE OF DEATH was as follows:

PERNICIOUS ANAEMIACONTRIBUTORY
(SECONDARY)(duration) **1 ?** yrs. mos. ds.

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **T. J. SCANLON**

M.D.

, 19 (Address)

MAY 7

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

MALDEN (HOLY CROSS)

DATE OF BURIAL

MAY 9 1923

19 UNDERTAKER

R. C. KIRBY

ADDRESS

THIS IS A PERMANENT RECORD. 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.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningea, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic ectular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . The shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including registered septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

87

City or Town

Winthrop

No.

Maternity Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sophia Exelbert

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

145 Locust

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

10 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Samuel Exelbert

6 AGE

30

Years

Months

11

Days

24

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

House wife

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass.

9 NAME OF
FATHER

Frank Weinstein

10 BIRTHPLACE OF
FATHER (City)

Padula

(State or country)

Russia

11 MAIDEN NAME
OF MOTHER

Pearl Dinner

12 BIRTHPLACE OF
MOTHER (City)

Padula

(State or country)

Russia

PARENTS

13

Informant

Frank Weinstein

(Address)

181 Bryant St Malden

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory
standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

S. A. Maury

45

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

8

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 3

1923

to May 8

1923

that I last saw her alive on

May 8

1923

and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH was as follows:

Tobacco Pneumonia & lower lobe
Caesarian-operation abdominal
Pregnancy

(duration)

yrs.

mos.

3 ds.

CONTRIBUTORY
(SECONDARY)

Acute Cordone dilation

(duration)

yrs.

mos.

1/2 ds.

17 Where was disease contracted,
if not at place of death?

Winthrop Community Hosp

Did an operation precede death?

yes

Date of

May 1/23

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

Richard Matcalf

M.D.

(Address)

114 Pleasant St

Date

May

(Month)

(Day)

1923

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Grave of Boston Women

(Cemetery)

(City or town)

DATE OF BURIAL

May 8/23

19 UNDERTAKER

Mat Quint

ADDRESS

Malden

Official
position

Health Officer

Date of
issue

May 8, 1923

Permit

Permit

No. 15

N.B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Colicapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No. *369 Wentworth St.* St. *Ward*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred

30 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

never

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Annice

6 AGE

Years

88

Months

5

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

*Parsonfield
me*

9 NAME OF
FATHER

Thomas. Churchill

10 BIRTHPLACE OF
FATHER (City)

(State or country)

*Parsonfield.
me*

11 MAIDEN NAME
OF MOTHER

unknown to obtain

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

.....

13

Informant

(Address)

*Robert Churchill
369 Wentworth St.*

14

Filed

MAY 17, 1923
(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May 9, 1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 19, 1922, to May 9, 1923.

that I last saw him alive on *May 7, 1923.*

and that death occurred, on the date stated above, at *5:45 P.M.*

The CAUSE OF DEATH was as follows:

*Myocarditis
arteriosclerosis*

(duration).....yrs.mos.ds.

CONTRIBUTORY
(SECONDARY)

(duration).....yrs.mos.ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

C. Drachman, M.D.

(Address)

350 Wentworth St.

Date

May 10, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Parsonfield me - P. me
(Cemetery) (City or town)

May 12

19 UNDERTAKER

ADDRESS

C. R. Drachman

1. ...

Official position

Date of issue of permit

Permit

No. *508*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salaman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *A school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meningitis* (disease causing death), *89 days; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or in the selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

25 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

9

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 19, 1923, to May 9, 1923,

that I last saw him alive on May 9, 1923,

and that death occurred, on the date stated above, at 12:10 P. m.

The CAUSE OF DEATH was as follows:

Acute myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Selfingitis, Pelvic abscess

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

at home

Did an operation precede death? yes Date of May 7, 1923

Was there an autopsy? no

What test confirmed diagnosis? Apertin

(Signed) R. B. Parker

, M.D.

(Address) Waltham Mass

Date May 11, 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official

position

Date of

issue

of permit

Permit

No.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISÉD UNITED STATES STANDARD CERTIFICATE OF DEATH

May 9, 1923
[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or at home*, and children, not gainfully employed, as *At school or at home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.; Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "umor," for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 28 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as *Asphæmia, "Anæmia* (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Colic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

18, 186.

Wintthrop.

(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk, State Mass., Registered No. _____
City or Town Boston Harbor (?) - Round Pt. Shirley, Wintthrop, St., Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME UNKNOWN WOMAN - Case 13, 186.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Unknown. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 AGE Years 50-60. Months X Days X If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unknown

(b) Name of employer

8 BIRTHPLACE (City) Unknown
(State or country)

9 NAME OF FATHER Unknown

10 BIRTHPLACE OF FATHER (City) Unknown
(State or country)

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

13 Informant Dr. George B. Maynard
(Address) 13 Alder

14 Filed June 22, 1923.
(Month) (Day) (Year) REGISTRAR

20 Burial permit was.
issued by

Official position

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH UNKNOWN
(Found May 10, 1923.) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Drowning under
circumstances unknown.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) Dr. George B. Maynard, M.D.
(Address) _____

Medical Examiner for Suffolk County.
Date June 11, 1923.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL DATE OF BURIAL
Wintthrop Wintthrop June 15, 1923.
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER ADDRESS
C.R. Bonnum Wintthrop

JUN 4 1923

Permit No. 2910

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) Body that of a woman apparently 50-60 years old; length, 5 ft. 5 inches; actual wt. 96 lbs.; the skull bare; the teeth false. Has been in the water many months. Clothing: Black poplin jacket; black fur collar; black poplin skirt; green waist, also a black waist; blue sweater; brown stockings over black stockings, etc. Had 3 prs. spectacles and remains of a pawn ticket issued by concern in West Philadelphia. Had a gilt bar pin with green, red and white stones and another bar pin with facet.

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

May 10, 1923.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

(City or town)

City or Town

No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 16, 1923, to May 13, 1923

that I last saw him alive on May 13, 1923

and that death occurred, on the date stated above, at 2:5 a.m.

The CAUSE OF DEATH was as follows:

Coronary thrombosis

(duration) X yrs. X mos. 8 ds.

CONTRIBUTORY
(SECONDARY)

(Local) Coronary thrombosis

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. C. E. Johnson, M.D.

(Address) 123 St. North

Date May 14, 1923

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official

position

Date of

issue of permit

Permit

No. 554

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

May 13, 1923
 Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Artistic, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death. Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jun 23, 1923, to May 14, 1923,

that I last saw him alive on May 13, 1923,

and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH was as follows:

Hypertrophy of Heart

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official
positionDate of
issue
of permit

Permit

No.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

May 14, 1923
(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~Boston~~

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

92

City or Town

~~Boston~~ Winthrop 106 Grover Ave.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Henry A. Root.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

106 Grover Ave.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

5

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Caroline S. Root.

6 AGE

Years

72

Months

8

Days

14

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

none

(b) Name of employer

8 BIRTHPLACE (City) Ware Mass

(State or country)

9 NAME OF
FATHER

William A. Root.

10 BIRTHPLACE OF
FATHER (City)

Gilead Conn

(State or country)

11 MAIDEN NAME
OF MOTHER

Cornelia Hills.

12 BIRTHPLACE OF
MOTHER (City)

E. Hartford Conn

(State or country)

13

Informant

Mary S. Root.

(Address)

106 Grover Ave.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May 16 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan. 1923, to May 16, 1923,

that I last saw him alive on May 16, 1923,

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH was as follows:

Chronic myocarditis & arteriosclerosis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

Chronic interstitial nephritis

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

no

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

T. J. Thorne

M.D.

(Address)

218 Main St. Winthrop

Date

May 17, 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop State Cemetery
(Cemetery) (City or town)

DATE OF BURIAL

May 19/23

19 UNDERTAKER

J. S. Steteman Sons

ADDRESS

Boston.

Official
position

Health Officer

Date of
issue

5/17/23

Permit

No. 580

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housework*, who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Curchnoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 86, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

15

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)
(State or country)11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)
(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

16

(Day)

1923

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Nov 2, 1922, to May 16, 1923.

that I last saw her alive on May 16, 1923.

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH was as follows:

Pernicious Anemia

(duration) yrs. 9 mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood Examination

(Signed)

R. B. Parker

, M.D.

(Address)

Winthrop Mass.

Date

May 17

(Month)

(Day)

1923

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt Auburn Westtown

(Cemetery)

(City or town)

DATE OF BURIAL

May 17/23

19 UNDERTAKER

C. R. Bennett

ADDRESS

Winthrop

Official
positionDate of
issue
of permit

Permit

No.

May 16, 1923
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be employed as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., etc.* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 89, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 89, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea

(City or town)

Registered No. 347

(Place of death)

Registered No. (Place of residence)

County Suffolk

State MASS.

City or Town Chelsea

No. Soldiers' Home, Chelsea

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Wilbur Irvin Broad

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS.

City or Town Winthrop No. 163 Pauline

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

7

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

M

W

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Blanche

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

46

6

8

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Architect

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

Reading

9 NAME OF
FATHER

Nathaniel W.

10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

Milton, Mass.

11 MAIDEN NAME
OF MOTHER

Mary E. Luce

12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

Boston

13

Informant

Hospital Records

(Address)

Soldiers' Home, Chelsea

14

Filed May 22, 19 23

Registrar of city or town where death occurred

Filed July 10, 1923

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 20, 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 13, 19 23 to May 20, 19 23.

that I last saw him alive on May 20, 19 23.

and that death occurred, on the date stated above, at 4.55 p.m.

The CAUSE OF DEATH was as follows:

typhoid fever.

(duration) yrs. mos. 18 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin. sym. & widal

(Signed) Chester P. Brown, M.D.

May 20, 19 23 (Address) Soldiers' Home, Chelsea

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Laurel Hill, Reading

May 22, 19 23

19 UNDERTAKER

ADDRESS

Arthur F. Douglas

Chelsea

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Coal-miner, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be employed as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . .* (name neoplasm); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm; *Measles; Whooping cough; Chronic valvular heart disease; current affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as *Lapse, "Coma," "Anemia"* (merely symptomatic), "Atrophy," "Colic," "Dropy," "Convulsions," "Heart failure," "Congestive," "Senile," "Senile," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Postpartal septicemia*," "*Postpartal peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as to the quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until these shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 10

1923

to May 21

1923

that I last saw him alive on May 21, 1923

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Arterio-sclerosis

(duration) 3 yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

at home

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Personal observation

(Signed)

Raymond B. Parker

M.D.

(Address)

Winthrop Mass

Date

May 22

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Mass

(Cemetery)

(City or town)

DATE OF BURIAL

May 24-1923

19 UNDERTAKER

ADDRESS

Official position

Date of issue of permit

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

May 21, 1923
(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric disease causing death, 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, monilia, miscarriage, metastasis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Dropsy," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Coma," "Convulsions," "Lebility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE INK - THIS IS A PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Tewksbury

(City or town)

Registered No. 156

(Place of death)

Registered No. 96

(Place of residence)

St. Ward

1 PLACE OF DEATH

County Middlesex

State Massachusetts.

City or Town Tewksbury

No. State Infirmary

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Georgena McCabe.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Massachusetts. City or Town Winthrop No. St.

(Usual place of abode)

Length of residence in city or town where death occurred years 1 months 15 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
-----------------	--------------------------	--

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Willis A. McCabe

6 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	18	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) Name of employer

8 BIRTHPLACE (city or town) So. Boston

(State or country) Massachusetts.

9 NAME OF FATHER William E. Warren

10 BIRTHPLACE OF FATHER (city or town) England
(State or country)

11 MAIDEN NAME OF MOTHER Mary Ann Underwood

12 BIRTHPLACE OF MOTHER (city or town) England
(State or country)

13 Hospital Records.

State Infirmary, Tewksbury.

14 Filed 5/24/1923

John A. Nichols, Registrar of city or town where death occurred

Filed 5/24/1923 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 24 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 9, 1923, to May 24, 1923,

that I last saw her alive on May 24, 1923,

and that death occurred, on the date stated above, at 4:00 P. M.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

Chronic (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted Winthrop
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Sherman Perry, M.D.
Address State Infirmary, Tewksbury

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mount Feake, Waltham

DATE OF BURIAL

May 26/1923

19 UNDERTAKER

C. R. Bennison

ADDRESS

Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

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Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs, meningitis, peritonæum, etc., Carcinoma, Sarcoma, etc., etc.*..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized diseases unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information 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 and extraots from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

97

City or Town

Winthrop

No. 15

Marshall

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Robert Henry Holmes

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

15 Marshall

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

10

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

68

7

4

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired

(b) Name of employer

8 BIRTHPLACE (City)

New York City

(State or country)

N. Y.

9 NAME OF FATHER

John Holmes

10 BIRTHPLACE OF FATHER (City)

(State or country)

England

11 MAIDEN NAME OF MOTHER

Elizabeth Cote

12 BIRTHPLACE OF MOTHER (City)

(State or country)

England

13

Informant

(Address)

Wm. Richter

14

Filed

May 31 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

28

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 1

1922, to

May 28

1923

that I last saw him alive on

May 22

1923.

and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration)

yrs.

mos.

5 ds.

CONTRIBUTORY

(SECONDARY)

None

(duration)

yrs.

mos.

ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death

in

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

J. J. Mulvaney

M.D.

(Address)

342 Winthrop St.

Date

May 28

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

May 28, 1923

19 UNDERTAKER

Charles R. Bennington

ADDRESS

Winthrop St. Winthrop

Official position

Health Officer

Date of issue of permit

May 28, 22

Permit No.

590

may 25, 1923
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 44, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

98

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 years X months V days.

How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Dean. K. Dean

6 AGE

Years

Months

Days

If LESS than

38

3

27

1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Railway N.Y.

9 NAME OF
FATHER

Robert Orr

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Josephine P. Trainor

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

N.Y. State

13

Informant
(Address)

*Husband - Dean. K. Dean
70 College Ave*

14

Filed

(Month) (Day) (Year)

May 21 1923

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

27

(Day)

23

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 1, 19*23*, to *May 27*, 19*23*,

that I last saw him alive on *May 27*, 19*23*,

and that death occurred, on the date stated above, at *2 P. M.*

The CAUSE OF DEATH was as follows:

Fibroid myomatosis of uterus

(duration) 2+ yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Acidosis

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? *yes* Date of

5/22/23

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *Harvey A. Kelly* M.D.

(Address) *200 Pleasant St Waltham*

Date *5-28-23*

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Railway N.Y. Harbor Cemetery

DATE OF BURIAL

May 30th 1923

19 UNDERTAKER

C.R. Bennett

ADDRESS

Waltham

Official position

Date of issue of permit

Permit

Harvey A. Kelly 5/29/23 No. 591

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

may 27, 1923.
 Prepared by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Meadles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meadles* (disease causing death), 28 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information when the following diseases, without explanation, as the sole cause of death. Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintthrop
BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

116

City or Town

Boston

No.

17 Sturges

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lavin Zaggary Zaouog

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

17 Sturges

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Abdon

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

60

-

-

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

ck Home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Syria

9 NAME OF FATHER

Habib Deratory

10 BIRTHPLACE OF FATHER (City)

(State or country)

Syria

11 MAIDEN NAME OF MOTHER

Mary

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Syria

PARENTS

13

Informant

(Address)

Lavin 17 Sturges St

14

Filed

July 31 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Stmour

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July

(Month)

(Day)

1923

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 15, 1923, to June 29, 1923,

that I last saw her alive on June 29, 1923,

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH was as follows:

Carcinoma of liver

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

Ball stone

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT? Ball stone

Did an operation precede death?

Date of

April 20, 23

Was there an autopsy?

What test confirmed diagnosis?

operative findings

(Signed)

Albert Nelson

M.D.

(Address)

32 Waverley St. Wintthrop

Date

July

(Month)

(Day)

1923

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Fair View Cent

(Cemetery)

(City or town)

July 4, 23

19 UNDERTAKER

ADDRESS

C. D. Mc Caffrey Boston

Official position

Health Officer

Date of

issue

7/1/23

Permit

No.

605

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Cellengeer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may be part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary cause) with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualifies, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary); 10 ds. Never report more symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insult," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

117

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

Still Born

If STILLBORN, enter that fact here

Still Born

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Wintthrop
Mass

9 NAME OF FATHER

Carl L. Root

10 BIRTHPLACE OF FATHER (City)

(State or country)

Boston
Mass

11 MAIDEN NAME OF MOTHER

Mary Gubria Connolly

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Washington
D.C.

13

Informant

(Address)

Carl L. Root
52 Beach Rd

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

S. A. Mowry
1426

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July

2nd

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 1st, 1923, to July 2, 1923

that I last saw him alive on July 2, 1923

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Still Born

Strangulation

(duration).....yrs.....mos.....ds.

CONTRIBUTORY
(SECONDARY)

(duration).....yrs.....mos.....ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) /

Charles L. Root

, M.D.

(Address)

52 Beach Rd

Date

July

- 2

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wintthrop Wintthrop

(Cemetery)

(City or town)

July 6 1923

19 UNDERTAKER

ADDRESS

E. A. Bennett

Wintthrop

Official health officer

Date of issue of permit

7/5/23

Permit

No. 608

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

July 2, 1923
 Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The matter worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupation of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation had been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary cause), with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestion," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contradicted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

28

11

1 day,

hrs.

or

min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

None

8 BIRTHPLACE (City)

(State or country)

Litchester
Mass.9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

Mathias Cowan
Roxbury
Mass.11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Catherine De Lorey
Antigonish Col
Nova Scotia

13

Informant

(Address)

Catherine Cowan
24 Oakland St. Wintthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedS. A. Mowry
R. A. B. G.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

3

(Day)

1923
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept 1922, to July 3, 1923,

that I last saw him alive on July 2, 1923,

and that death occurred, on the date stated above, at 11:50 A. m.

The CAUSE OF DEATH was as follows:

Chronic Spinal muscular atrophy
Duchenne - Aran - Type

(duration) 20 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation

(Signed) R. B. Parker

, M.D.

(Address) Wintthrop Mass

Date July 3, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mt. Benedict N. Bx.
(Cemetery) (City or town)

7/5/23

19 UNDERTAKER

ADDRESS

Chas R. Bizarro Wintthrop

Official
position

Health Officer

Permit

No. 657

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Ironworker*, *engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less desirable; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiner shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St., Ward.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 years 7 months 17 days.

How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 6, 1923, to July 6, 1923,

that I last saw her alive on July 6, 1923,

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Epilepsy

(duration) 10 yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

Physical Observation

(Signed)

R. B. Parker

M.D.

(Address)

Winthrop Mass

Date

July

(Month)

(Day)

1923

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop Winthrop

(Cemetery)

(City or town)

July 9-1923

19 UNDERTAKER

ADDRESS

C. R. Bennett

Winthrop

Official
position

Health Officer

Date of
issue
of permit

July 9, 1923

Permit

No. 029

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

July 6, 1923

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

000. N.B.—WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back so that it may be properly classified.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

City or Town

Boston

No.

MASS. GENL. HOSPT.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

(Place of death)

Registered No.

(Place of residence)

St.

Ward

2 FULL NAME

ELLA SKINNER

(a) Residence. State

MASS.

(Usual place of abode)

City or Town

WINTHROP

No.

44 CLIFF AVE. St.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

WID.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

EDWARD W.

6 AGE

Years

57

Months

6

Days

19

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

HOUSEWIFE

(b) Name of employer

8 BIRTHPLACE (city or town)

BOSTON

(State or country)

9 NAME OF FATHER

JOHN CRAN

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

ENGLAND

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (city or town)

MARGARET CUTHBERTSON

(State or country)

SCOTLAND

13

Informant

(Address)

MRS. HODSKINS

14

Filed JULY 11, 1923

E. W. McGlenen

Registrar of city or town where death occurred

Filed JUL 15, 1923

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

JULY 8

(Month)

(Day)

1923

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

JULY 1

19 23

JULY 8

1923

that I last saw him alive on JULY 8, 1923

and that death occurred, on the date stated above, at 4:15 P. M.
The CAUSE OF DEATH was as follows:

CHOLELITHIASIS--PANCREATITIS

(duration) yrs. mos. ds.

CONTRIBUTORY CHOLEMIA--SHOCK

(SECONDARY)

(duration) yrs. mos. 6 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of JUL 2

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

A. W. REGGIO

M.D.

19 (Address)

JULY 8

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

EVERETT (WOODLAWN)

DATE OF BURIAL

JUL 11 1923

19 UNDERTAKER

C. A. ROLLINS

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningea, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Post-partum septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 56, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

(City or town)

Registered No. 120

No. 50 Park Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. 50 Park Ave
(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years 2 months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.

or min.

3

—

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Boston
Mass

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Joseph.
Hall River
Mass
Margaret Dahins
Newfoundland

13

Informant

(Address)

Margaret Duffy
50 Park St. Weymouth

14

Filed

Aug 31 1923

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July
(Month)

10
(Day)

1923
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

that I last saw him on, 19

and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH was as follows:

arterial satisfaction institution
by order of medical examiner
(duration) yrs. mos. 28 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

July 10
(Month) (Day)

1923
(Year)

M.D.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

John F. O'Malley

Weymouth

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Official
position

Health Officer

Date of
issue of permit

7/11/23

Permit

No. 910

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asbema," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County Suffolk State MASSACHUSETTS. Registered No. 121
Township Wenithrop or Village _____ or _____
City Port Banks, Wenithrop No. _____ St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William O. Chatfield

(a) Residence. No. 71 Lawn Ave. Quincy Mass. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5a If married, widowed, or divorced
HUSBAND of Hazel I. Chatfield.
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 12, 1895

7 AGE Years Months Days If LESS than 1 day, --- hrs. or --- min.
27 9 8

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Field Clerk, U.S. Army

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Nyack N.Y.
(State or country)

10 NAME OF FATHER Oscar J. Chatfield.
11 BIRTHPLACE OF FATHER (city or town) Davenport Iowa
(State or country)
12 MAIDEN NAME OF MOTHER Ella H. Fletcher.
13 BIRTHPLACE OF MOTHER (city or town) New York.
(State or country)

14 Informant Oscar J. Chatfield.
(Address) 16 Ellsworth Ave. Brockton, Mass.

15 Filed 12-21-1923 REGISTRAR
11-3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20, 1923 19

17 I HEREBY CERTIFY, That I attended deceased from
July 12, 1923, to July 20, 1923.

that I last saw him alive on July 20th, 1923,
and that death occurred, on the date stated above, at 12.10 pm

The CAUSE OF DEATH* was as follows:

Septicemia following acute gangrenous ruptured appendix, perforated suppurative peritonitis, operation for appendix performed 21 hours previous to death.
Septicemia (duration) 0 yrs. 0 mos. 8 ds.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death? Quincy, Mass.

Did an operation precede death? yes. Date of July 12-1923.

Was there an autopsy? No.

What test confirmed diagnosis?
(Signed) Dr. Greenwell May, M.D.

7/20, 1923 (Address) 71. Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
West Bridgewater, Mass. July 22 1923

20 UNDERTAKER ADDRESS
C. R. Benson Wenithrop, Mass.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid, *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
 BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Registered No.

122

City or Town

Winchester

No.

Winchester Community Hospital, Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Dorothea Cross

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

12 Cottage ave

St.

Winchester Mass

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

3

years

months

days

How long in U. S., if of foreign birth?

5

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Reginald H. Cross

6 AGE

Years

Months

Days

If LESS than

26

5

10

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

England

9 NAME OF
FATHER

Herbert C. Jelliman

10 BIRTHPLACE OF
FATHER (City)

(State or country)

England

11 MAIDEN NAME
OF MOTHER

Edith M. Roberts

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

England

13

Informant

Reginald Cross

(Address)

12 Cottage ave. Winchester Mass

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

J. L. Mearns

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July

21

(Month)

1923

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 21, 1923, to July 21, 1923.

That I last saw her alive on July 21, 1923,

and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH was as follows:

Interstitial Pregnancy

(duration) yrs. 3 mos. ds.

CONTRIBUTORY
(SECONDARY)Surgical shock following
operation

(duration) 5 hours. yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

at home

Did an operation precede death?

Yes

Date of July 21 1923

Was there an autopsy?

No

What test confirmed diagnosis?

Personal observation

(Signed)

R. B. Parker

M.D.

(Address)

Winchester Mass

Date

July

23

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Anthony - Cambridge
(Cemetery) (City or town)

DATE OF BURIAL

July 24-23

19 UNDERTAKER

C. R. Beauman

ADDRESS

Winchester

Official
position

Health Officer

Date of
issue
of permit

7-23-23

Permit

No. 5

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

July 21, 1923
 Adopted by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Leocomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

123

City or Town

Winthrop

No.

Community Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2 FULL NAME

Frances Kirby

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

15 Sturges

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Berth Lee Kirby

6 AGE

Years

Months

Days

If LESS than

54

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(Clock) Wrench

(b) Name of employer

Drug Store

8 BIRTHPLACE (City)

Newark

(State or country)

N. J.

9 NAME OF
FATHER

Thomas. Hargh

10 BIRTHPLACE OF
FATHER (City)

England

(State or country)

11 MAIDEN NAME
OF MOTHER

Ann. Crow

12 BIRTHPLACE OF
MOTHER (City)

England

(State or country)

13

Informant

Helen Morris

(Address)

15 Sturges St

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J. L. Maury
9-2

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July

22

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 18

1923, to

July 22

1923.

that I last saw her alive on

July 22

1923.

and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH was as follows:

Cerebral Haemorrhage.

(duration)

yrs.

mos.

4

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No

Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed)

Edward J. Frauzer

M.D.

(Address)

7 Irving St. Winthrop

Date

July

23

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop Winthrop

(Cemetery)

(City or town)

7/25/23

19 UNDERTAKER

ADDRESS

C. R. Bennison

Winthrop

Official

position: Health Officer

Date of

issue

of permit

7/24/23

Permit

No. 612

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A FEMININE RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant origin); "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, callulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Hinthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

124

City or Town

Hinthrop

No.

254

Main St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Eleanor Mae Bishop

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

254 Main St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

18

2

17

1 day.....hrs.
or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Hinthrop Mass

9 NAME OF FATHER

Benjamin

10 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

11 MAIDEN NAME OF MOTHER

Fedela Sessa

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Italy

13

Informant

Fedela Sessa

(Address)

254 Main St

14

Filed

July 27 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J. C. Murray

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July 25 1923
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug, 1921, to *July 25*, 1923.

that I last saw her alive on *July 24*, 1923.

and that death occurred, on the date stated above, at *1307* m.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(duration) *2* yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Edward J. Trainger*, M.D.

(Address) *7 Irving St.*

Date *July 26 1923*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Joseph Cem.
(Cemetery) (City or town)

DATE OF BURIAL

July 27 1923

19 UNDERTAKER

ADDRESS

J. P. Remondone Boston

Official position *Health Officer*

Date of

issue

of permit

7 20 23

Permit

No.

914

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (c) Sealsman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Declarer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), *99 de.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Colic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

issue of permit *Aug 2, 1923* No. *616*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

July 29, 1923
 Prepared by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. This question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Carlightener, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

(City or town)

Registered No. 126

No. 66

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 2 Wallace St.
(Usual place of abode)

St.,

Ward, Charlestown

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant
(Address)

14

Filed (Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July
(Month)31
(Day)1923
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 21, 1923, to July 31, 1923,

that I last saw him alive on July 31, 1923,

and that death occurred, on the date stated above, at 12 p.m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

CONTRIBUTORY (SECONDARY) Sen. Arterio Sclerosis

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Astley M.D.

(Address) 200 Pleasant St.

Date July 31 23
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Malden
(City or town)

DATE OF BURIAL

Aug. 3, 1923

19 UNDERTAKER

J. H. Callahan, Boston

Official position Health Officer Date of issue of permit Permit No. 815

July 31. 1923

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No. 47

St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant
(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan. 31, 1923, to Aug 8, 1923,

that I last saw him alive on Aug 8, 1923,

and that death occurred, on the date stated above, at 3:00 P. M.

The CAUSE OF DEATH was as follows:

Carcinoma of Intestine -
Liver + metastases

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? yes. Date of Dec 1, 1921

Was there an autopsy? No.

What test confirmed diagnosis? Microscope.

(Signed) Edward J. Fraenkel, M.D.

(Address) 7 Green St.

Date Aug 8, 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cemetery

(City or town)

Aug 9, 1923

19 UNDERTAKER

ADDRESS

John T. Maley

Wintthrop

Official
position

Date of
issue
of permit

Permit

Health Officer Aug 9, 1923 No. 617

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer", "Foreman", "Manager", "Dealer", etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"; *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), *39 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia", "Anemia", (merely symptomatic), "Atrophy", "Collapse", "Coma", "Convulsions", "Debility" ("Congenital", "Senile", etc.), "Dropsy", "Exhaustion", "Heart failure", "Hemorrhage", "Intoxication", "Marasmus", "Old age", "Shock", "Uremia", "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia", "Puerperal peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by a physician for the selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths undoubtedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

132

City or Town

Wintthrop

No.

48 Shore Drive

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Almina Smith

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

48 Shore Drive

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

x

years

2

months

x

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

73

Months

6

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Physician

(b) Name of employer

Physician

8 BIRTHPLACE (City)

Westfield

(State or country)

Mass

9 NAME OF
FATHER

Henry B. Smith

10 BIRTHPLACE OF
FATHER (City).....
(State or country)

Lynn

Conn

11 MAIDEN NAME
OF MOTHER

Almina Mathers

12 BIRTHPLACE OF
MOTHER (City).....
(State or country)

Westfield

Mass

13

Informant

James M. Smith

(Address)

Riverside R. 4.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

St. Moray

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

August 10 Friday 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY. That I attended deceased from

Friday July 20th, 1923, to Friday Aug 10th, 1923.that I last saw him alive on Friday Aug. 10th at 9 A.M., 1923.

and that death occurred, on the date stated above, at 11:15 A.M.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration).....yrs.....mos. 17 ds.

CONTRIBUTORY
(SECONDARY)

Arterio-sclerosis - dilatation of heart

(duration).....yrs.....mos.....ds.

17 Where was disease contracted
if not at place of death?

Lynn Conn

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? The signs and symptoms

(Signed).....

James M. Smith - Trust, M.D.

(Address).....

30 Westfield St. Westfield Mass.

Date.....

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Riverside Westfield Mass

(Cemetery)

(City or town)

Aug 11-23

19 UNDERTAKER

ADDRESS

C. R. Benson

Westfield

Official
position

Notary Public

Date of
issue
of permit

8-10-23

Permit

No. 618

N. B. WHITE PRINTED, WITH CONTINUING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Associations

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc. *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *If whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 16.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.**

(2) **Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.**

(3) **Medical examiners will investigate and certify to all deaths sup-posedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and death following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk

State Mass

Registered No. 133

City or Town 325 Shirley St

No. Winthrop

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ella Frances Wendell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 325 Shirley St

Winthrop

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Abraham Quincy Wendell

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

70

4

12

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

East Boston Mass

(State or country)

9 NAME OF FATHER

Jephemiah Fairfield

10 BIRTHPLACE OF FATHER (City)

Plymouth Mass

(State or country)

11 MAIDEN NAME OF MOTHER

Susan Kendrick

12 BIRTHPLACE OF MOTHER (City)

Bridgdon

(State or country)

Nova Scotia

13

Informant

(Address)

George B Wendell
325 Shirley St Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by

S. G. Young

Official position

Health Officer

21 Date of issue

Aug. 13, 1923

Permit No.

611

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug - 12 - 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Very large pyelonephrosis
of Pelvis
Probably Carcinoma uterus
Natural Causes.

Found dead in her own bed

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) M. J. S. S. S. S. S.

M. D.

(Address)

496 Corn Ave

Medical Examiner for

Suffolk

Date

Aug - 12 - 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Woodlawn

(Cemetery)

DATE OF BURIAL

Overett Aug 14 1923

(City or town)

(Month) (Day) (Year)

19 UNDERTAKER

Charles R. Bunnison

ADDRESS

Winthrop

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Ella Frances Wendell
 Aug. 12, 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory
standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug. 13, 1923, to Aug. 14, 1923.

that I last saw him alive on Aug. 13, 1923.

and that death occurred, on the date stated above, at 4:30 A. M.

The CAUSE OF DEATH was as follows:

Enteritis

CONTRIBUTORY
(SECONDARY)17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Albert Astum, M.D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official
position

Health Officer

Date of
issue
of permit

Permit

No. 620

N.B. WHITE LABEL, WITH ORANGE-BLACK INK, THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

14, 1923
[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dag laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 da.; *Bronchopneumonia* (secondary); 10 da. Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness of disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No. 52

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

90 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

90

6

25

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

At home

8 BIRTHPLACE (City)

(State or country)

Winthrop
Mass.9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

John W. Tewksbury

Winthrop
Mass.

Abigail Sturgis

Boston
Mass.

13

Informant

(Address)

Isaac C. Hall
52 Atlantic St.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug 17

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

1910, to Aug 11, 1923

that I last saw him alive on Aug 15, 1923

and that death occurred, on the date stated above, at 10 7 m.

The CAUSE OF DEATH was as follows:

Severe Anemia
(pernicious)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY
(SECONDARY)Arterio Sclerosis
2 years

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Oswald E. Garrison, M.D.

(Address)

Date Aug 12 1923 Winthrop

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop

(Cemetery)

Winthrop

(City or town)

19 UNDERTAKER

ADDRESS

Charles R. Beninson

Winthrop

Official position Health Officer

Date of
issue

Aug 18 1923

Permit

b21

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*: *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.; "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

mass

Registered No.

136

City or Town

Winthrop

No.

44 Wilshire St.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joseph Lampasona

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

44 Wilshire St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR

WIDOWED (write the word)

widowed

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Anna St. V. Lampasona

6 AGE

Years

Months

Days

If LESS than

74

6

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Pottery

(b) Name of employer

8 BIRTHPLACE (City)

Salemi

(State or country)

Italy

9 NAME OF FATHER

Giovanni Lampasona

10 BIRTHPLACE OF FATHER (City)

Salemi

(State or country)

11 MAIDEN NAME OF MOTHER

Vincenza Napoli

12 BIRTHPLACE OF MOTHER (City)

Salemi

(State or country)

Italy

13

Informant

Frank Lampasona

(Address)

44 Wilshire St. Winthrop mass

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

ST. MARY

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug

17

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 17, 1923, to *Aug 17*, 1923.

that I last saw him alive on *Aug 17*, 1923.

and that death occurred, on the date stated above, at *9:40 P.* m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration)

ysr.

mos

3 1/2

CONTRIBUTORY (SECONDARY)

Cerebral hemorrhage

(duration)

ysr.

mos

ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis?

(Signed)

Richard Dyer Dyer

M.D.

(Address)

114 Pleasant St

Date

Aug

18

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop

Winthrop mass

DATE OF BURIAL

Aug 20 1923

19 UNDERTAKER

C R Bennisson

ADDRESS

Winthrop mass

Official position

Health Officer

Date of issue

of permit

8-18-23

Permit

No.

622

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *A school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insufficiency," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death. . . . —Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths and possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

137

City or Town

Winthrop

No. *105*

Woodside Ave.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Dorcas Foster Flagg

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

105 Woodside Ave.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

David H. Flagg

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

77

4

1

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home

(b) Name of employer

8 BIRTHPLACE (City)

Cutler

(State or country)

Maine

9 NAME OF FATHER

George Grover

10 BIRTHPLACE OF FATHER (City)

Cutler

(State or country)

Maine

11 MAIDEN NAME OF MOTHER

Elizabeth Murphy

12 BIRTHPLACE OF MOTHER (City)

Cutler

(State or country)

Maine

13

Informant

Louise B. Noreen

(Address)

65 Woodside Ave.

14

Filed

Aug 31 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me

BEFORE the burial or transit permit was issued.

S. J. Mowry

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug

21

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 31

1923

Aug 21

1923

that I last saw her alive on *Aug 21*, 1923,

and that death occurred, on the date stated above, at *11:00 A.M.*

The CAUSE OF DEATH was as follows:

Cerebral Edema

(duration) yrs. mos. *8* ds.

CONTRIBUTORY (SECONDARY)

Arterio sclerosis

(duration) *10+* yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Richard M. Deane

M.D.

(Address)

114 Pleasant St.

Date

Aug

21

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Hills

Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 22 1923

19 UNDERTAKER

Charles R. Benison

ADDRESS

Official position *Health Officer*

Date of issue of permit

Aug 22 1923

Permit

No. *623*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Scule," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite cause may be ascertained as the cause. Always qualify all diseases resulting from childbirth or misarrriage, as "Puerperal, septicæmia," "Puerperal, peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. (Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 21, 1923

Aug 21, 1923

Aug 21, 1923

that I last saw him alive on

Aug 21, 1923

Aug 21, 1923

and that death occurred, on the date stated above, at 3:10 p.m.

The CAUSE OF DEATH was as follows:

Carcinoma of Spleen

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position

Health Officer

Date of issue of permit

Permit No.

624

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Ferrman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meninges* (disease causing death), *99 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These included not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

Winthrop (No. 215 Bay View Ave. St. Ward)

2 FULL NAME

Catherine E. Keely

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

19 High St. Everett

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

W

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

7 DATE OF BIRTH

Aug. 13 - 1856

(Month)

(Day)

(Year)

8 AGE

67

If LESS than 1 day.....hrs.

.....yrs.mos. 14 ds. or.....min. ?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Boston

11 NAME OF FATHER

Dennis Tansley

12 BIRTHPLACE OF FATHER

(State or country)

Ireland

13 MAIDEN NAME OF MOTHER

Bridget Barnes

14 BIRTHPLACE OF MOTHER

(State or country)

Ireland

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

John Keely
19 High St. Everett.

Filed Aug 31, 1923

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug 27, 1923

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY that I attended deceased from

Aug 1, 1923, to Aug 27, 1923

that I last saw him alive on Aug 26, 1923

and that death occurred, on the date stated above, at 12:45 a.m.

The CAUSE OF DEATH* was as follows:

Coronary Arteries

Did a surgical operation precede death? No Date

(Duration) 1 yrs.mos.ds.

Contributory (SECONDARY)

Uræmia

(Duration) 3 yrs.mos.ds.

(Signed) Richard H. Moore, M.D.

Aug 27, 1923 (Address) 25 Cornhill St. Boston

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.mos.ds. In the State.....yrs.mos.ds.

Where was disease contracted, if not at place of death?

Former of usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Aug 29, 1923

UNDERTAKER ADDRESS

Samuel J. Latham Boston

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.

STANDARD CERTIFICATE OF DEATH.

Aug. 27, 1923.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, meninges, peritonaeum, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Constitutional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc
4. Deaths under circumstances unknown, as *A person found dead*, etc.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

140

City or Town

Boston
Winthrop

No.

36 Nevada

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Andrew L. Green

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

36 Nevada

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

4

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Dorothy A.

6 AGE

46

Years

7

Months

27

Days

If LESS than

1 day.....hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Salesman

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Canada

9 NAME OF
FATHER

Thomas Green

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Canada

11 MAIDEN NAME
OF MOTHER

Ellen Larion

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Canada

13

Informant

(Address)

Dorothy A. Green
36 Nevada St. Winthrop

14

Filed

(Month) (Day) (Year)

Aug 23 1923

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S. J. Mowry

15 DATE OF DEATH

Aug

28

1923

16

I HEREBY CERTIFY, That I attended deceased from

Aug. 21, 1923, to August 28, 1923

that I last saw him alive on Aug. 27, 1923

and that death occurred, on the date stated above, at 1:00 p. m.

The CAUSE OF DEATH was as follows:

Subacute glomerular
Nephritis

(duration)

yrs. / 0 mos.

ds.

CONTRIBUTORY
(SECONDARY)

Uraemia

(duration)

yrs

mos.

7 ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

Chapin & Laboratory
R. H. Delphatic M.D.
638 Beacon St.

(Address)

Date

Aug 28 1923

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Hills

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 30, '23

19 UNDERTAKER

W. H. Graham

ADDRESS

Boston

Official
position

North Office

Date of
issue
of permit

Aug 29-23

Permit

No.

626

Aug. 26, 1923.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

State

Registered No. 141

City or Town

No. 139

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 139 Bluff Ave
(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Rossette

6 AGE

Years

Months

Days

If LESS than

88

1

22

1 day.....hrs.
or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

At Home

8 BIRTHPLACE (City)

(State or country)

Amsterdam

Holland

9 NAME OF
FATHER

Joseph F Schryver

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Amsterdam

Holland

11 MAIDEN NAME
OF MOTHER

Betsey Van Wezel

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Amsterdam

Holland

13

Informant

(Address)

Mrs Jessie S Cobb

139 Bluff Ave Winthrop

14

Filed

Oct 11 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

J. C. Moore

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 3, 1923
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
Sept 17, 1923, to Sept 2, 1923

that I last saw him alive on Sept 2, 1923

and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH was as follows:

Chronic Parenchymatous
Nephritis

(duration) some yrs. mos. ds.

CONTRIBUTORY Chronic Myocarditis
(SECONDARY)

(duration) 4 yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Nathaniel V. Shannon, M.D.

(Address) 7 Clinton St.

Date Sept. 4, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Knollwood Canton Mass Sept 5 1923
(Cemetery) (City or town)

19 UNDERTAKER ADDRESS

Frank E Brown East Green

Official position Health Officer Date of issue of permit 9-5-23 Permit No. 927

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 and extracts from the laws on back of certificate.

REVISD UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (c) Salesman, (d) Grocer; (e) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-nation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

DENNIS

(City of origin)

1 PLACE OF DEATH

County Barnstable

State Mass

City or Town Dennis

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Browning Kelley Baker

142 Pleasant

(If in the Army or Navy of the United States, give rank, organization, etc.)

Winthrop

(a) Residence. State

(Usual place of abode)

City or Town

No.

St.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than

52

11

21

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Furniture Dealer

(b) Name of employer

Dennis

8 BIRTHPLACE (city or town)

(State or country)

Mass

9 NAME OF FATHER

Browning K. Baker

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

Dennis

Mass

11 MAIDEN NAME OF MOTHER

Abbie Theresa Baxter

12 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Dennis

Mass

13

Informant

Adelbert Baker

(Address)

14

Filed

9/6/23

Ben F. Dean

Registrar of city or town where death occurred

Filed

Oct 8, 1923

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept 12, 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 20

1923

Sept 12

1923

1m

Sept 9

1923

that I last saw h. alive on

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH was as follows:

Cancer-pylorus

About

(duration)

2 yrs.

mos.

ds.

CONTRIBUTORY (SECONDARY)

Pyloric Obstruction

(duration)

1 yrs.

mos.

ds.

17 Where was disease contracted Unknown

if not at place of death?

No

Did an operation precede death?

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

X-Ray

(Signed)

G. H. Gray

M.D.

9/12/23 (Address)

Hyannis Mass

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

South Dennis

DATE OF BURIAL

Sept 15/23

19 UNDERTAKER

M. H. Crowell

ADDRESS

So Yarmouth

so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composition, Architect, Locomotive engineer, Girl engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory, return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scrubber, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.; Bronchopneumonia* (secondary); *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-flu-entia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pul-mo-nary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscer-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized diseases unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town)

1 PLACE OF DEATH

County

State

Registered No. 143

City or Town

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

7 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Edward M. Thompson

6 AGE

Years

Months

Days

If LESS than

79

8

10

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Sackville

New Brunswick

9 NAME OF
FATHER

James A. Anderson

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Canada

unable to obtain

11 MAIDEN NAME
OF MOTHER

Anna. Tingley

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Canada

unable to obtain

13

Informant

(Address)

Mrs. C. H. McLean

14

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

on Sept. 12, 1923, to

19

that I last saw him alive on

19

and that death occurred, on the date stated above, at 6:20 (A.M.)

The CAUSE OF DEATH was as follows:

Was dead when I arrived. Had been
sitting up facing herself - and gasping
for air. Apparently natural causes.
Acute dilatation, probably

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Franzen

M.D.

By order of Dr. E. J. Franzen, M.D.
Date Sept. 12, 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cambridge Cemetery Cambridge

(City or town)

Sept. 14-23

19 UNDERTAKER

ADDRESS

C. P. Benson

Waltham

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
position

Sackville

Date of
issue
of permit

7/13/23

Permit

No. 28

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 and extracts from the laws on back of certificate.

20 MAY 12, 1923
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Docter," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses: Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, eczematia, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health.** Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

(City or town)

Registered No.

144

City or Town

Wintthrop

No. *130*

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mollie Ritchie Cook

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

535 Beacon

(Usual place of abode)

St.

Ward.

Boston

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Elto Bernard Cook

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

57

9

16

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED -

(a) Trade, profession, or
particular kind of work

None

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass. Suffolk.

9 NAME OF
FATHER

John Ritchie

10 BIRTHPLACE OF
FATHER (City)

Gorbissey

(State or country)

Liberty Ireland.

11 MAIDEN NAME
OF MOTHER

Mary White

12 BIRTHPLACE OF
MOTHER (City)

Baldymore

(State or country)

Ireland.

13

Informant

(Address)

John Ritchie
115 Washington St. Waltham

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

S. A. Young
9.3.23

15 DATE OF DEATH *September 15 - 1923*

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 18th, 1923, to *Sept. 8th*, 1923.

that I last saw her alive on *Sept. 8th*, 1923

and that death occurred, on the date stated above, at *5* p. m.

The CAUSE OF DEATH was as follows:

chronic myocarditis

2

(duration) *2* yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

chronic nephritis

(duration) *2* yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Boston

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

John H. Blodgett

M.D.

(Address)

370 Commonwealth St.

Date

September 15th

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Cremation

(Cemetery)

Waltham

(City or town)

DATE OF BURIAL

11/19/23

19 UNDERTAKER

J. S. Waterman

ADDRESS

2376 Washington St. Boston

Official
position

Health Officer

Date of
issue of permit

Sept. 15, 1923

Permit

No.

629

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Leocomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of,* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misarrriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

02
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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. **8486**
(Place of death)

City or Town **Boston** No. **MASS. GEN. HOSPT.**

Registered No. **146**
(Place of residence)

St. **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

ANNA CROSBY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **4 CENTRE** St. **St.**
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

CHARLES F.

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
67 **20**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **AT HOME**

(b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**

(State or country)

9 NAME OF FATHER **ROBERT DUDDY**

10 BIRTHPLACE OF FATHER (city or town) **BOSTON**

(State or country)

11 MAIDEN NAME OF MOTHER **-----**

12 BIRTHPLACE OF MOTHER (city or town) **-----**

(State or country)

13 **HUSBAND**

Informant
(Address)

14 Filed **SEPT. 24, 1923** **EWM Glenen**
Registrar of city or town where death occurred

Filed **Oct. 27, 1923**
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **SEPT. 19** 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **SEPT. 18**, 19**23**, to **SEPT. 19, 1923**, that I last saw h**ER** alive on **SEPT. 19, 1923**, and that death occurred, on the date stated above, at **-----** m. The CAUSE OF DEATH was as follows:

GALL STONES- MALIGNANT DISEASE OF GALL BLADDER AND LIVER

(duration) yrs. mos. ds.

CONTRIBUTORY **PERITONITIS** (SECONDARY) (duration) yrs. mos. ds. **0 HRS**

17 Where was disease contracted if not at place of death?

Did an operation precede death? **YES** Date of **SEP. 19**
YES

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **G. A. MAC LVER**, M.D.
19 (Address) **SEPT. 19**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WINTHROP (WINTHROP CEM) DATE OF BURIAL **SEP. 22** 1923

19 UNDERTAKER **F. E. BROWN**

ADDRESS

[Approved by U. S. Census and American Public Health Association]

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*, (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.**
- (2) **Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.**
- (3) **Medical examiners will investigate and certify to all deaths supposedly due to injury.** These include not only deaths caused directly or indirectly by trauma (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

1 PLACE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

County Suffolk
 Township _____
 or _____
 Village _____
 or _____
 City Winthrop (No. Station Hospital, Fort Banks St.; Ward _____)

STANDARD CERTIFICATE OF DEATH

State of MassachusettsRegistered No. 1115

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

2 FULL NAME Patricia Ann Craven

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED -----
 (Write the word)

6 DATE OF BIRTH September 17, 1923. 1
 (Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. 3 ds. If LESS than 1 day, _____ hrs. or _____ min. ?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work -----
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Winthrop, Mass.

PARENTS
 10 NAME OF FATHER Robert Clyde Craven
 11 BIRTHPLACE OF FATHER (State or country) Elmira, Michigan.
 12 MAIDEN NAME OF MOTHER Cecile Marie Walsh
 13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Clyde Craven
 (Address) Fort Banks Winthrop Mass

15 Filed Oct 4, 1923

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH September 20, 1923.
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1923, to Sept. 20, 1923,
 that I last saw her alive on Sept. 20, 1923,
 and that death occurred, on the date stated above, at 3 P m.
 The CAUSE OF DEATH* was as follows:

Intra-cranial Hemorrhage

(Duration) _____ yrs. _____ mos. 5 ds.
 Contributory Instrumental Delivery
 (SECONDARY) (Duration) _____ yrs. _____ mos. 5 ds.

(Signed) Ray W. Layton M. D.
Ray W. Layton, Capt. U.S.A.
Sept. 20, 1923. (Address) Winthrop, Mass.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Winthrop Mass. DATE OF BURIAL 9/22, 1923
 20 UNDERTAKER C. R. Benson ADDRESS Winthrop

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *at home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., (*Carcinoma*, *Sarcoma*, etc., of ----- (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Infantion," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septichæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, tetanitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septichæmia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
City or Town **Boston** No. **BURNAP HOME FOR AGED WOMEN** St. **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **8693**
(Place of death)

Registered No. **8693**
(Place of residence)

2 FULL NAME

ISABELLA STEARNBURGH

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **St.**
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

15 DATE OF DEATH **SEPT. 27** 1923
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

HENRY

16 **HEREBY CERTIFY**, That I attended deceased from **SEPT. 26** 1923, to **SEPT. 27** 1923,
that I last saw h. **ER** alive on **SEPT. 26** 1923,
and that death occurred, on the date stated above, at **1.45P** m.
The CAUSE OF DEATH was as follows:

CEREBRAL HEMORRHAGE

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
76 **7** **30**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) **SCHOHARIE**

(State or country)

N.Y.

(duration) yrs. mos. ds.

CONTRIBUTORY **ARTERIO-SCLEROSIS**
(SECONDARY)

(duration) **5** yrs. mos. ds.

9 NAME OF FATHER **JACOB LOOKE**

10 BIRTHPLACE OF FATHER (city or town) **SCHOHARIE**
(State or country) **N.Y.**

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **D. G. ELDRIDGE**, M.D.
19 (Address) **SEPT. 28**

11 MAIDEN NAME OF MOTHER **ELIZA WOLFORD**

12 BIRTHPLACE OF MOTHER (city or town) **SCHOHARIE**
(State or country) **N.Y.**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **CAMBRIDGE (MT. AUBURN)** DATE OF BURIAL **SEP. 29** 1923

13 HOME RECORDS

Informant
(Address)

14 Filed **OCT. 2** 1923 **E. W. M. Glenen**
Registrar of city or town where death occurred

Filed **Oct 27** 1923
Registrar of city or town where deceased resided

19 UNDERTAKER **H. O. PHILLIPS**

ADDRESS

so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria; Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committees on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —Gen. Laws, Chap. 58, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. —Gen. Laws, Chap. 58, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.**

(2) **Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.**

(3) **Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Sturrahams
(City or town)

Registered No. 123
(Place of death)

Registered No. (Place of residence)

St. Ward

1 PLACE OF DEATH

County

State

City or Town

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence, State

(Usual place of abode)

City or Town

No.

St.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed

Filed

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from

Sept 22, 1923, to Oct 4, 1923,

that I last saw her alive on Oct 4, 1923,

and that death occurred, on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) M. D. Sheehan, M.D.

10/5/1923 (Address) Sturrahams Mass

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop Winthrop

Oct 7 1923

20 UNDERTAKER

ADDRESS

Charles R. Bennett

Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesenteric Whooping cough, Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report more symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely synonymate), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Winthrop (City or town)
County SSEX State Mass Registered No. _____
City or Town Winthrop No. 90 Shore Drive St. 3 Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Myrtle E. Banks (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 2 Edgewood terrace St. Ward. Lynn, Mass.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months 7 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fe	4 COLOR OR RACE Wh	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
-------------	-----------------------	---

5a If married, widowed, or divorced
HUSBAND of William F. Parks
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than
	47	11	28	1 day.....hrs.
				or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... At home

(b) Name of employer

8 BIRTHPLACE (City).....Brumswick
(State or country).....Georgia

9 NAME OF FATHER	George A. Hanacn
------------------	------------------

10 BIRTHPLACE OF FATHER (City).....Arlington
(State or country) Mass

11 MAIDEN NAME OF MOTHER	Mary A. Goodbread
-----------------------------	-------------------

12 BIRTHPLACE OF MOTHER (City) Lake City
(State or country) Florida

13 Informant Mrs. Mary A. Hanson
(Address) Beverly Mass.

14
Filed Oct 10, 1923
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct. 5, 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Sept 30, 1913, to Oct 5, 1913,
that I last saw her alive on Oct 5, 1913
and that death occurred, on the date stated above, at 3-30 p.m.
The CAUSE OF DEATH was as follows:

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?.....

Did an operation precede death? yes Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James M. Bush M.D.
(Address) 356 W. 14th St.
Date Oct 6 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Central (Cemetery)	Beverly (City or town)
	Oct. 7, 1923

19 UNDERTAKER	ADDRESS
---------------	---------

Official position *Water Officer* Date of issue *10/6/23* Permit No. *93*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Driver," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"; *Diphtheria* (avoid use of "Croup"; *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphænia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tromia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths apparently due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

149

City or Town

Winthrop
~~Boston~~

No. 11, Prescott

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Leo F. Keating

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 11 Prescott

(Usual place of abode)

St.

Ward.

Winthrop, Mass.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 years — months — days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Nov.

4

1883

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

40

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

East Boston

(State or country)

Mass

10 NAME OF
FATHER

Michael Keating

11 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

12 MAIDEN NAME
OF MOTHER

Mary L. Wagner

13 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

14

Informant

Mrs. Mary L. Keating (mother)

(Address)

11 Prescott St., Winthrop, Mass

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

16 DATE OF DEATH

Oct

8

1923

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan

1923

Oct

6

1923

that I last saw him alive on

and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M.D.

(Address)

Richard H. Dougherty

Date

Oct

8

1923

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

Oct 9/23

20 UNDERTAKER

ADDRESS

Official
position

Health Officer

Date of
issue of permit

Oct 8-23

Permit

No. 632

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 and extracts from the laws on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not actually employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary); *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Wentworth

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

150

City or Town

Wentworth

No.

18 Atlantic St.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Helen Richards

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

18 Atlantic

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

2 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of

widow of John Richards

6 AGE

Years

Months

Days

If LESS than 1 day, ____ hrs. or ____ min.

72

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

Lawrence

(State or country)

Mass.

9 NAME OF FATHER

unable to obtain

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

C. R. Benson

(Address)

Wentworth Mass

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct 11

(Month)

(Day)

1923

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1923, to Oct 1, 1923

that I last saw him alive on Oct 11, 1923

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH was as follows:

Natural Causes
(see medical examiner)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Fruchon M. D.

(Address)

306 Wentworth St. Oct 11 1923

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Bellefleur

(Cemetery)

Lawrence

(City or town)

DATE OF BURIAL

Oct 13 1923

19 UNDERTAKER

C. R. Benson

ADDRESS

Wentworth

Official position Health Officer

Date of issue of permit

2 3 23

Permit

NO. 923

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc. of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Icteric," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gastritis, gastroenteritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, satisfactory certificate of the attending physician, in case of an original interment, by a law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation. The sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

September 26th, 1913, to Oct 12th, 1913

that I last saw him alive on Oct 12, 1913.

and that death occurred, on the date stated above, at 6.30 A.M.

The CAUSE OF DEATH was as follows:

Natural Causes - Weak heart
incident to old age.

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Mary E. Halsall.

M.D.

(Address)

587 Pleasant St. Winthrop

Date

October 13

(Month)

(Day)

1923

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. W. Acacia

Cambridge

(Cemetery)

(City or town)

Oct. 15-23

19 UNDERTAKER

ADDRESS

Arthur V. Sanborn

Revere

Official

position

Date of
issue

of permit

Permit

No. 634

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asbemia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc. When a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

John O. Ward
Oct. 15, 1923.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

17

(Day)

1923

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19....., to

, 19.....

that I last saw him alive on

, 19.....

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

premature (5-6 mos)
(twins)
still born

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official

position,

Date of

issue

of permit

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Artificer, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, or *At home*, and children, not gainfully employed, as *A school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-perial septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscer-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was constructed, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 89, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 89, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19....., to

, 19.....

that I last saw him.....alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

, M.D.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official
position

Health Officer

Date of
issue
of permit

10/20/23

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Oct. 17, 1923

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Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Int-nition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral, septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSThe Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH~~BOSTON~~

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

155

City or Town

Boston

No.

95 Main Street Winthrop

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas J. McCarthy

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 95 Main Street Winthrop

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

5 Years months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mary E. Dolan

6 AGE

68 Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired Captain

(b) Name of employer

8 BIRTHPLACE (City)

Ireland

(State or country)

9 NAME OF
FATHER

John McCarthy

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Mary (Unknown)

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

Mrs. Mary McCarthy

(Address)

95 Main Street Winthrop

14

Filed

Oct 22 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J. A. Murray
4-28

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

21

(Day)

1923

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 16, 1923, to Oct 21, 1923,

that I last saw him alive on

Oct 21, 1923,

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH was as follows:

Hypertensive pneumonia
myocarditis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

arteriosclerosis

(duration)

yrs.

6

mos.

ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Date of

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

C. J. Donohue

M.D.

(Address)

306 Winthrop St

Date

Oct 22

1923

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Old Calvary

Boston

Oct 23, 1923.

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Richard G. Kirby & Co.

East Boston.

Official
position

Health Officer

Date of
issue

1923 23

Permit

No. 938

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less desirable; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicemia," "Puerperal, peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —Gen. Laws, Chap. 58, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the places where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —Gen. Laws, Chap. 58, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(Issued under the provisions of General Laws, Chapter 38)

County

State

Registered No. 156

City or Town

No. 59

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 50 Main St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

Burial permit
issued byOfficial
position21 Date of
issuePermit
No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:17 Where was injury sustained
if not at place of death?

(Signed)

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

(Month) (Day) (Year)

19 UNDERTAKER

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVED FOR BINDING

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Rev. 26, 1923
Amended

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

27

(Day)

23

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 12, 1923, to Oct 27, 1923,

that I last saw him alive on Oct 27, 1923,

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

Edema of Lungs.

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

Cholelithiasis

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? yes Date of Oct 27, 23

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Harry A. Kelly

M.D.

(Address)

26 Pleasant St.

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Holy Wood, Brookline

(City or town)

Oct 29, 1923

19 UNDERTAKER

ADDRESS

John F. O'Malley

Winthrop

Official
position

Health Officer

Date of
issue
of permit

10/29/23

Permit

No. 640

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *A school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.; Carcinoma, Sarcoma, etc., of . . .* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Comatose," "Semi-le," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral, septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; oth-erwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extraots from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....,

that I last saw him alive on 19.....,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official
position

Health Officer

Date of
issue
of permit

10/29/23

Permit
No.

64

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Vol. 28-1923

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *A school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report more symptoms or terminal conditions, such as "Asphæxia," "Anæmia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Ins-nition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-*PERAL septicæmia," "Puerperal peritonitis," etc.*

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colitis, childbirth, convulsions, hemorrhage, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or of her authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing

the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certi-ficate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certi-ficate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths un-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Newton

(City or town)

1 PLACE OF DEATH

County Middlesex

State Massachusetts

Registered No. 491

(Place of death)

City or Town Newton

No. 81 Church

Registered No.

(Place of residence)

St. 9 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriet W. (Leatherbee) Leighton

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.
(Usual place of abode)

City or Town Winthrop

No. 93 Crest Ave. St.

Length of residence in city or town where death occurred - years - months 7 days How long in U. S., if of foreign birth? - years - months - days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

George C. Leighton

6 DATE OF BIRTH (month, day, and year)

--

7 AGE

75 Years

8 Months

26 Days

If LESS than
1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

Boston,

(State or country)

Mass.

10 NAME OF FATHER James W. Leatherbee

11 BIRTHPLACE OF FATHER (city or town)

Wakefield,

(State or country)

Mass.

12 MAIDEN NAME OF MOTHER Caroline Drew

13 BIRTHPLACE OF MOTHER (city or town)

Boston,

(State or country)

Mass.

14

Informant

Mr. Walter L. Leighton,

(Address)

31 Montvale Rd. N. Centre.

15

Filed

Nov. 5, 1923

Filed

Nov. 7, 1923

Registrar of city or town where death occurred

Bessie S. Dodge East

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28, 19 23

17

I HEREBY CERTIFY, That I attended deceased from October 26, 19 23, to October 28, 19 23

that I last saw him alive on October 28, 19 23

and that death occurred, on the date stated above, at 11.45 A.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Endo-Myocarditis

(duration) - yrs. - mos. - ds.

CONTRIBUTORY Chronic Interstitial

(SECONDARY)

Nephritis

(duration) - yrs. - mos. - ds.

18 Where was disease contracted

if not at place of death? ---

Did an operation precede death? --- Date of ---

Was there an autopsy? ---

What test confirmed diagnosis? ---

(Signed)

Arton R. Fried,

M.D.

10/28/23 324 Walnut St., N'ville.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Forest Hills Cemetery
Boston, Mass.

Oct. 30, 19 23

20 UNDERTAKER

ADDRESS

George H Gregg & Son

N'ville

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary employment*, etc. But in many cases, especially in industrial work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colon mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Cases for the Medical Examiner.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:
1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State Mass.

Registered No.

(City or town)

City or Town

Winthrop

No.

177 Woodside Avenue

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Annie J. Gleason

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

177 Woodside Avenue St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

2

years

months

days.

How long in U. S., if of foreign birth?

25

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of

Christopher Gleason

6 AGE

Years

Months

Days

If LESS than 1 day, ____ hrs. or ____ min.

63

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

St. John,
New Brunswick.

9 NAME OF FATHER

Henry Gibbons

10 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME OF MOTHER

Mary Clark

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

13

Informant

Daughter Mrs. Wm. O'Brien

(Address)

177 Woodside Ave. Winthrop

14

Filed

Oct 31 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

L. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct
(Month)

31
(Day)

23
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 27, 1923, to Oct 31, 1923,

that I last saw him alive on

Oct 27, 1923,

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH was as follows:

Acute Hemorrhage

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Harry Astley

M. D.

(Address)

2001 Pleasant St.

Date

Oct 31

23

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St. John, New Brunswick

(Cemetery)

(City or town)

DATE OF BURIAL

Nov. 2; 23

19 UNDERTAKER

East Boston.

ADDRESS

East Boston.

Official position

Health Officer

Date of issue

Nov. 23

Permit

NO.

172

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (c) *Spinner*, (b) *Cotton mill*; (a) *Steamman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupation of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic reticular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds., *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Emaciation," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PERIPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purchase of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

05
should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. **9642**
City or Town **Boston** No. **CITY HOSPITAL** (Place of death)
(If death occurred in a hospital or institution, give its NAME instead of street and number) St. **---** Ward **---**

2 FULL NAME

(a) Residence. No. **WINTHROP, MASS.** St. **---** Ward **17 TEWKSBURY**
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED OR **DIVORCED** (write the word) **MAR.**

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of **-----**

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
71 **2**

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED **WATCHMAN (LUMBER YD)**

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**
(State or country)

9 NAME OF FATHER **BENJAMIN A.**

10 BIRTHPLACE OF FATHER (city or town) **HINGHAM**
(State or country)

11 MAIDEN NAME OF MOTHER **SARAH WARREN**

12 BIRTHPLACE OF MOTHER (city or town) **BOSTON**
(State or country)

13 Informant **W. A. HERSEY**

(Address) **WINTHROP**

14 Filed **NOV. 3, 1923** **Edw. M. Glenen**

Registrar of city or town where death occurred

Filed **Jan. 15, 1922** **---**

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **OCT. 31** 19**23**
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

FRACT. SKULL. ACCIDENTAL.
FALL FROM AUTOMOBILE (RUNNING BOARD)

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) **TIMOTHY LEARY**, M.D.

(Address) **BOSTON**

Medical Examiner for **SUFFOLK**

Date **NOV. 1** 19**23**
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

MEDFORD (OAK GROVE)

DATE OF BURIAL

NOV. 3. 23
(Month) (Day) (Year)

19 UNDERTAKER

W. A. FRINK

ADDRESS

SOMERVILLE

20 Burial permit issued by

Official position

21 Date of issue

192

RETURN OF CERTIFICATES OF DEATH

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 33, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from **injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicæmia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Mass Registered No. _____

City or Town Waltham No. 215 St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 2 Terrace Ave St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Luther J.

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
67 6 19

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work at home (b) Name of employer _____

8 BIRTHPLACE (City) Woburn (State or country) Mass.

9 NAME OF FATHER Edison Emery

10 BIRTHPLACE OF FATHER (City) Bedford (State or country) Mass.

11 MAIDEN NAME OF MOTHER Maria Small

12 BIRTHPLACE OF MOTHER (City) _____ (State or country) _____

13 Informant Luther J. Harrington (Address) Waltham

14 Filed (Month) (Day) (Year) _____ REGISTRAR _____

20 Burial permit issued by H. C. Daniels

Official position Health Officer

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH. 11/12 (Month) 12 (Day) 1923 (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Heart failure
due to coronary artery disease
and arteriosclerosis

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? _____

(Signed) _____, M.D.

(Address) _____

Medical Examiner for _____ Date _____ (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL St. Albans Cemetery (Cemetery) Cambridge (City or town) DATE OF BURIAL Nov 16 (Month) (Day) (Year)

19 UNDERTAKER Arthur V. Sanborn ADDRESS Revere

21 Date of issue 11/15/23 Permit No. 643

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Nov. 13. 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No. 381

Winthrop

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary

Shaneek

Stillborn

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 381

Winthrop

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Nov
(Month)15
(Day)1923
(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

Still Born

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.
(b) Name of employer

(Father) Insurance Salesman

9 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

10 NAME OF
FATHER

Herman W. Shaneek

11 BIRTHPLACE OF
FATHER (City)

East Boston

(State or country)

Mass.

12 MAIDEN NAME
OF MOTHER

Muriell Adams

13 BIRTHPLACE OF
MOTHER (City)

Cambridge

(State or country)

Mass.

14

Informant

Herman W. Shaneek

(Address)

381 Winthrop St

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

L. P. Daniels

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov
(Month)15
(Day)1923
(Year)

17

I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

that I last saw h. alive on , 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Still born

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

R. B. Parker

M.D.

(Address)

Winthrop Mass

Date

Nov
(Month)16
(Day)1923
(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn
(Cemetery)Everett
(City or town)

DATE OF BURIAL

Nov 16 1923

20 UNDERTAKER

Frank E. Brown

ADDRESS

East Boston

Official
position

Health Officer

Date of
issue

11/16/23

Permit

No. 644

R-301
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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No. 993

Shirley

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Along White Bucknam

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 993

Shirley

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Addie Bucknam

6 AGE

Years

Months

Days

If LESS than

70

1

3

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Maine Engineer

8 BIRTHPLACE (City)

(State or country)

Salem
Maine9 NAME OF
FATHER

Joshua Bucknam

10 BIRTHPLACE OF
FATHER (City)

(State or country)

?

11 MAIDEN NAME
OF MOTHER

Louisa Johnson

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Durham
Maine

13

Informant

(Address)

Addie Bucknam

993 Shirley St. Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedJ. L. Laseley
J. L.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept 15, 1923, to Nov 16, 1923

that I last saw him alive on Nov 14, 1923

and that death occurred, on the date stated above, at 3:10 m.

The CAUSE OF DEATH was as follows:

Diabetes mellitus

CONTRIBUTORY
(SECONDARY)17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn
(Cemetery)Clement
(City or town)

DATE OF BURIAL

Nov 20, 1923

19 UNDERTAKER

Charles A. Maine

ADDRESS

Clement

Official
position

Health Officer

Date of
issue
of permit

11/19/23

Permit

No. 945

N. B. WHITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meninges* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report more symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicemia," "PERIPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County WorcesterState Mass.City or Town RutlandNo. U.S. Veteran's Hospital # 80

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James J. McDonald

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.City or Town Winthrop No. 13 Nahant

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years 1months 22

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

37

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workLaborer

(b) Name of employer

9 BIRTHPLACE (city or town) Roxbury,

(State or country)

Mass.

10 NAME OF FATHER

James J. McDonald

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Mary Tolan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

IrelandNov. 18, 1923(Address) U.S. Veteran's Hosp. #89

14

Informant

(Address)

Hospital records

15

Filed Nov. 18, 1923

Registrar of city or town where death occurred

Filed Nov. 4, 1923

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Nov. 18, 1923

17

I HEREBY CERTIFY, That I attended deceased from

Sept. 26, 1923, to Nov. 18, 1923,that I last saw her alive on Nov. 18, 1923,and that death occurred, on the date stated above, at 12:45 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, chronicPulmonary(duration) Unknown yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?UnknownDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Positive sputum(Signed) Henry Rolf Brown

M.D.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Benedict,Roxbury, Mass.

DATE OF BURIAL

Nov. 22, 1923

20 UNDERTAKER

James Athy & Son4 King St.
Worcester, Mass.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service, for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"; *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphasia," "Anemia" (merely symptomatized), "Atrophy," "Collapse," "Coma," "Convulsions," "Lethity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood, convulsions, hemorrhage, sarcoma, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, whom last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or the agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19 ,

that I last saw him alive on , 19 ,

and that death occurred, on the date stated above, at . m.

The CAUSE OF DEATH was as follows:

macerated foetus - 8 1/2 m.

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official

position

Date of

issue of permit

Permit

No. 646

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misarrriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are examined to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-

dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

3 P.M. Nov. 21

, 1923

to

6:30 P.M. Nov. 21

, 1923

that I last saw her alive on

Nov. 21

, 1923

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Cerebral haemorrhage.

(duration)

hrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

hrs.

mos.

ds.

17 Where was disease contracted

if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Franzen

, M.D.

(Address)

7 Jarvis St.

Date

Nov. 23

23

23

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Paul's

(Cemetery)

Arlington

(City or town)

Nov. 24/23

19 UNDERTAKER

ADDRESS

John F. O'Malley

Winthrop

Official

position

Date of

issue

Permit

of permit

Nov 23, 23

No.

648

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill*; (a) *Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No.

Winthrop Com. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Bertram Damon Coombes

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

100 Herman

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Single*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

76

Months

6

Days

1

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Retired*

(b) Name of employer

Machinist

8 BIRTHPLACE (City)

(State or country)

*Salem
Mass*9 NAME OF
FATHER*William H Coombes*10 BIRTHPLACE OF
FATHER (City)

(State or country)

*Salem
Mass*11 MAIDEN NAME
OF MOTHER*Lucy Jane Damon*12 BIRTHPLACE OF
MOTHER (City)

(State or country)

*Sittuate
Mass*

PARENTS

13

Informant

Mr. Irish

(Address)

100 Herman St. Winthrop

14

Filed

Nov 22 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

J. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov
(Month)*22*
(Day)*1923*
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Nov 11, 1923, to *Nov 22*, 1923,that I last saw him alive on *Nov 22*, 1923and that death occurred, on the date stated above, at *2 P* m.

The CAUSE OF DEATH was as follows:

*Heart failure**[Cerebral Hemorrhage]*
(duration) yrs. mos. *16* ds.CONTRIBUTORY
(SECONDARY)*Cerebral Hemorrhage*
(duration) yrs. mos. ds.17 Where was disease contracted
if not at place of death?*Port Boston*

Did an operation precede death?

No Date of

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

Dr. E. J. ... M.D.

(Address)

123 ...

Date

Nov 22 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn Cemetery
(Cemetery)*Everett*
(City or town)

DATE OF BURIAL

Nov 25, 1923

19 UNDERTAKER

Charles A. Rollins

ADDRESS

*East Boston*Official
position*Health Officer*Date of
issue*11/22/23*Permit
No.*647*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil Engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds., *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Colicapes," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committees on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscellaneous, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No.

45 Winthrop

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ella P. Payne

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

45 Winthrop

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Sylvanus Payne

6 AGE

69

Years

Months

1

Days

1

If LESS than

1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At home

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass

9 NAME OF
FATHER

Sullivan Freeman

10 BIRTHPLACE OF
FATHER (City)

Orleans

(State or country)

Mass

11 MAIDEN NAME
OF MOTHER

Phoebe Smith

12 BIRTHPLACE OF
MOTHER (City)

Orleans

(State or country)

Mass

13

Informant

Wm. Chas Freeman

(Address)

Brookline Mass

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

November 23 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19, to Nov 23, 1923

that I last saw her alive on Nov 23, 1923

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY

Arteriosclerosis (general)

(SECONDARY)

(duration) yrs. mos. ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No

Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Horace J. Bonle

M. D.

(Address)

Winthrop St Winthrop

Date

November 24 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Nov 26-23

19 UNDERTAKER

Frank E. Cronin East Boston

ADDRESS

Official
position

Health Officer

Date of
issue
of permit

11/26/23

Permit
NO.

650

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Portman," "Manager," "Dealer," etc., without more precise specification, home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *28 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths suppressibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County *Suffolk* State *Mass* Registered No. _____
City or Town *Winthrop* No. *94 Washington Ave* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John J. Scaulon

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

194 Washington Ave Ward _____

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Charlotte

6 AGE

Years *57*

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

Salesman

8 BIRTHPLACE (City)

South Boston
Mass

(State or country)

9 NAME OF FATHER

Martin Scaulon

10 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME OF MOTHER

Cannot be learned

12 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

13

Informant

(Address)

Mrs M. Wilson
194 Washington Ave

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. D. Smith
4.2

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov 24 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Aug 31, 19 *23*, to *Nov. 23*, 19 *23*,

that I last saw him alive on *Nov. 23*, 19 *23*,

and that death occurred, on the date stated above, at *4.30 p.m.*

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) _____ yrs. *2* mos. *23* ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) *Edward J. Frainger* M. D.

(Address)

7 Brimfield St.

Date

Nov. 24 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Marys Dorchester
(Cemetery) (City or town)

DATE OF BURIAL

Nov 26, 1923

19 UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

Official position

Health Officer

Date of issue of permit

11/26/26

Permit NO.

649

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been occupation or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(Issued UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 33)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No.

16 North Ave

St.

Ward

2 FULL NAME

Elmer E. Slocomb

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence. No.

S. Vine Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

21

years

X

months

X

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Bessie E. Slocomb

6 AGE

Years

Months

Days

If LESS than

62

X

X

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Pensioner

(b) Name of employer

Self-

8 BIRTHPLACE (City)

Boston

(State or country)

Mass

9 NAME OF
FATHER

Joseph Slocomb

10 BIRTHPLACE OF
FATHER (City)

Morrisville

(State or country)

Vt.

11 MAIDEN NAME
OF MOTHER

Elizabeth Meserve

12 BIRTHPLACE OF
MOTHER (City)

Unable to obtain

(State or country)

13

Informant

Harold E. Slocomb

(Address)

25 Pleasant St. 1 in Apt.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 Burial permit
issued by

Stephanis

Official
position

Health Officer

21 Date of
issue

Nov 26 '23

Permit
No.

651

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov 24

(Month)

(Day)

1923

(Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:Natural causes probably
chronic myocarditis

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

W. H. Weston

M.D.

(Address)

25 Pleasant St. 1 in Apt.

Medical Examiner for

Date

Nov

(Month)

26

(Day)

1923

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

11/27-1923

(Month) (Day) (Year)

19 UNDERTAKER

C. R. Brennan

ADDRESS

Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVED FOR BINDING

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .

— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Nov. 24. 1923

Miss E. S. Stoddard

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Boston

No.

45 Sea Foam Ave. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Eli Isenberg

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

45 Sea Foam Ave. Ward. Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

1

years

months

days.

How long in U. S., if of foreign birth?

40

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Bessie

6 AGE

68

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Tailor

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Russia

9 NAME OF
FATHER

Paltine Isenberg

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

11 MAIDEN NAME
OF MOTHER

Esther Cannot be learned

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

13

Informant

(Address)

Bessie Isenberg
45 Sea Foam Ave.

14

Filed

Sep. 3 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.H. C. Daniey
9-21

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

11
(Month)26
(Day)23
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

10-1

1923

to

11/26

1923

that I last saw him alive on

11/24

1923

and that death occurred, on the date stated above, at

5:30 p.m.

The CAUSE OF DEATH was as follows:

Carcinoma of Prostate

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Harry Asch

M.D.

(Address)

200

Leasant St.

Date

11

26

23

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

W. R. R.
Heaven-Progressive Cem.

DATE OF BURIAL

11/27/23

19 UNDERTAKER

Mann Stancelsky

ADDRESS

Boston

Official
position

Health Officer

Date of
issue

11/27/23

Permit

No. 652

WHILE I AM NOT A PHYSICIAN, I HAVE BEEN ADVISED BY A PHYSICIAN THAT THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Declarer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report precisely the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Cerebrum, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms; "Measles" *Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Assthena," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Dolality" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death. Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 44, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-301
N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Winthrop No. 20 Elmwood Ave St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME William Henry Mirick
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 20 Elmwood Ave St. _____ Ward Two
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 20 years — months — days. — How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura A Mirick
6 AGE Years Months Days If LESS than
72 7 10 1 day.....hrs.
or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer Scrap Leather Merchant

8 BIRTHPLACE (City)

(State or country) Camden
Maine

9 NAME OF FATHER Not Known

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13 Informant Wife Laura A Mirick
(Address)

14 Filed Dec 3 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or trans'it permit was issued

H. C. D. Angell
4-2

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 27 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1923, to Nov 22, 1923,
that I last saw him alive on Nov 26, 1923,
and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH was as follows:

Carcinoma of the neck

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Microscopic
(Signed) Arnold E. Johnson, M.D.

(Address) 123 Winthrop St

Date Nov 26 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Not Buried Cambridge Nov 30, 23
(Cemetery) (City or town)

19 UNDERTAKER

ADDRESS

Walter T. White Winthrop

Official position Health Officer Date of issue of permit 11/30/23 Permit No. 65-3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architec, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Smile," "etc.," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefore furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

10 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed or divorced

HUSBAND or (or) WIFE of

6 AGE

Years

Months

Days

If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Nov. 23

1923

to Nov 30

1923

that I last saw him alive on Nov 30, 1923

and that death occurred, on the date stated above, at 9.40 a.m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. $\frac{1}{2}$ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Richard T. T. M. D.

(Address)

114 Pleasant St.

Date

November 30

(Month)

(Day)

1923

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official position

Health Officer

Date of permit

12/1/23

Permit NO.

654

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 58, Sec. 8.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 58, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer", "Foreman", "Manager", "Dealer", etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia", "Anæmia" (merely symptomatic), "Atrophy", "Collapse", "Coma", "Convulsions", "Debility" ("Congenital", "Senile", etc.), "Dropsy", "Exhaustion", "Heart failure", "Hemorrhage", "Insultion", "Marasmus", "Old age", "Shock", "Uremia", "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia", "Puerperal peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered

(City or town)

No.

City or Town

Winthrop

No.

117 Winthrop Shore Drive St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Stella Marie

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

117 Winthrop Shore St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married.

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

James G. Harris

6 AGE

Years

63

Months

5

Days

19

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Ret. home

(b) Name of employer

8 BIRTHPLACE (City)

Denton

(State or country)

Me

9 NAME OF
FATHER

Edward - Child

10 BIRTHPLACE OF
FATHER (City)

Denton Franklin

(State or country)

Me

11 MAIDEN NAME
OF MOTHER

Melba Lavin

12 BIRTHPLACE OF
MOTHER (City)

Camden Me

(State or country)

13

Informant

Nantes M. Harris

(Address)

117 Winthrop Shore Drive

14

Filed

Dec 13/23

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

J. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

December 10th 1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 1st, 1923, to Dec. 10th, 1923,that I last saw her alive on Dec. 10th, 1923,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH was as follows:

Diabetes Mellitus

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

Diabetic Coma

(duration) ____ yrs. ____ mos. 3 ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

V. B. Anderson M. D.

(Address)

687 Winthrop Ave

Date

December 11th 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

Dec. 13,
1923

19 UNDERTAKER

C. A. Benson

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue
of permit

12/12/23

Permit
NO.

608

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation, in very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d day*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Transition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gonorrhea, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

City or Town

Winthrop

No.

8

Vine Avenue

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Dorcas

Seaman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

P Vine Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

3 months

days

How long in U. S., if of foreign birth?

50 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

of William J. Seaman

6 AGE

Years

70

Months

11

Days

20

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Johnson Mills
N. B.9 NAME OF
FATHER

Edmond. Babcock

10 BIRTHPLACE OF
FATHER (City)

(State or country)

N. B.

11 MAIDEN NAME
OF MOTHER

Mary Barnes

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

N. B.

PARENTS

13

Informant

B. J. Seaman

(Address)

P Vine Ave

14

Filed

Dec. 13, 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

L. C. Daniels
9.8

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

December 10

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

October 3, 1923, to Dec 10, 1923,

that I last saw him alive on Dec 8, 1923,

and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease

No (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

Arterio-sclerosis

No (duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

No

Date of ____

Was there an autopsy?

No

What test confirmed diagnosis?

Clinical

(Signed)

G. W. E. [Signature]

M. D.

(Address)

123 Winthrop St Winthrop

Date

Dec 11

1923

Mass

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

(Cemetery)

Cemery Sackville

(City or town)

N. B.

ADDRESS

Winthrop

19 UNDERTAKER

E. R. Bernier

Official
position

Health Officer

Date of
issue

of permit

12/12/23

Permit
NO.

227

should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d* *de*, *Bronchopneumonia* (secondary), *10* *da*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipels, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the names of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

25 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

John Ramsey

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

90

3

25

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retiree (R.R.B.)

(b) Name of employer

Boss Carpenters L. L. L. Co.

8 BIRTHPLACE (City)

(State or country)

St. John
N.B.9 NAME OF
FATHER

David Ramsey

10 BIRTHPLACE OF
FATHER (City).

(State or country)

Malone
Londonerry North Ireland11 MAIDEN NAME
OF MOTHER

Rebecca Salmon

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Malone
Londonerry North Ireland

13

Informant

(Address)

D. R. Ramsey

14

Filed

Dec 13 1923

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

L. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

December

10

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April

1921, to

Dec 10

1923

that I last saw him alive on

Dec 10

1923

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH was as follows:

Cancer of the Prostate
gland

(duration) 2 yrs. 6 mos. — ds.

CONTRIBUTORY

(SECONDARY)

(duration) — yrs. — mos. — ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Quella E. Johnson M. D.

(Address) 123 Winchester St

Date

Dec 11 - 1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winchester

(Cemetery)

Winchester

(City or town)

DATE OF BURIAL

Dec 13. 23

19 UNDERTAKER

C. R. Benson

ADDRESS

Winchester

Official position, Health Officer

Date of
issue
of permit

12, 12, 23

Permit
NO.

657

should be 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *89 days*; *Bronchopneumonia* (secondary), *10 days*. Never report mere, symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Dreimia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 8.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH _____ (City or town)
County Suffolk State Mass Registered No. _____
City or Town Boston No. 40 (Balew's) St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Harvey H. Korman
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 40 Balew's St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5a If married, widowed or divorced HUSBAND of (or) WIFE of _____
6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
1 5 12

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) _____
(State or country) _____

9 NAME OF FATHER _____

10 BIRTHPLACE OF FATHER (City) _____
(State or country) _____

11 MAIDEN NAME OF MOTHER _____

12 BIRTHPLACE OF MOTHER (City) _____
(State or country) _____

PARENTS

13 Informant Harvey Korman
(Address) 40 Balew's

14 Filed Dec. 13 1923
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels
R. S.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 12 10 23
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 12-8, 1923, to 12-10, 1923,
that I last saw h _____ alive on 12-9, 1923,
and that death occurred, on the date stated above, at 1:30 PM.
The CAUSE OF DEATH was as follows:

Bronchitis - Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Harvey Korman M. D.
(Address) 500 Pleasant St.
Date 12 10 23
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's Cemetery DATE OF BURIAL Dec 13/23
(Cemetery) (City or town)

19 UNDERTAKER John F. O'Malley ADDRESS Boston

Official position Health Officer Date of issue of permit 12/10/23 Permit NO. 6/5-6

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *myringitis*, *peritonitis*, etc.; *Carcinoma*, *Sarcoma*, etc.; of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 2d de; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbed, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of those laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Registered No.

City or Town

Winthrop

No. 170

Shore Drive

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Pompeo

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

170 Shore Drive

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

X

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

X

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

X

X

X

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

170 Shore Drive

(State or country)

Winthrop Mass

9 NAME OF
FATHER

John Pompeo

10 BIRTHPLACE OF
FATHER (City)

Rome

(State or country)

Italy

11 MAIDEN NAME
OF MOTHER

Eleanora Voca

12 BIRTHPLACE OF
MOTHER (City)

Rome

(State or country)

Italy

13

Informant

(Address)

170 Shore Drive Winthrop

14

Filed

Dec 27 '23

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec

15

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19 ,

that I last saw h alive on , 19 ,

and that death occurred, on the date stated above, at about 10 A. m.

The CAUSE OF DEATH was as follows:

Still born

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(Parental syphilis?)
abnormal placenta

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

Abnormal placenta

(Signed)

Albert Ashmun

M. D.

(Address)

32 Waverly Way W. Winthrop

Date

Dec

17

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Dec 17 1923

19 UNDERTAKER

ADDRESS

Official position

Health Officer

Date of
issue of permit

12/17/23

Permit
NO.

260

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PLANNING RECORD. Every item of information in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or even up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **unavoidably due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Winthrop
Boston

No. 63 Waldemar Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Estelle Campbell (Mahony)
63 Waldemar Ave. Ward.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

Archibald E.

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

58

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Homemaker

(b) Name of employer

8 BIRTHPLACE (City)

Randolph Mass.

(State or country)

9 NAME OF
FATHER

John Mahony

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Anna Smith

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

13

Informant

Archibald E. Campbell
Husband

(Address)

14

Filed

Dec 27 '23
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedH. C. Daniels
9.29.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec.

20

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Nov. 11, 1923, to Dec 20, 1923.

that I last saw him alive on Dec. 20, 1923,

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

Edward J. Trauger

M.D.

(Address)

7 Irving St.

Date

Dec 21
(Month) (Day)1923
(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Dec 22-23

19 UNDERTAKER

John W. Lavery 54 H. St.

ADDRESS

Official
position

Health Officer

Date of
issue
of permit

Dec. 21, 1923

Permit

No. 661

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 and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Leconative engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *aged; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicaemia," "Puerperal, peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, deemed as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

~~BOSTON~~
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

No.

93

Shirley

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Bertha Byer

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

93 Shirley

St.

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

5 years

6 months

days

How long in U. S., if of foreign birth?

30 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Harry J.

6 AGE

42

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

Russia

(State or country)

9 NAME OF
FATHER

Albert Pome

10 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

11 MAIDEN NAME
OF MOTHER

Helen Gesteinsag

12 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

13

Informant

Harry J. Byer

(Address)

93 Shirley St.

14

Filed

Dec 27 '23

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec. 25

1923

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec

1921

to

Dec 18

1923

that I last saw her alive on

Dec. 18

1923

and that death occurred, on the date stated above, at

5 A

m.

The CAUSE OF DEATH was as follows:

Chronic myocarditis

(duration) 5 yrs.

mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs.

mos. ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

Albert Astum

M.D.

(Address)

32 Wave Way Ave. Winthrop

Date

12 / 25

23

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Adath Chesnum Cem. W. Rox

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 25 1923

19 UNDERTAKER

Mamuel Stanetsky

ADDRESS

Boston

Official position

Health Officer

Date of issue

12/25/23

Permit

No. 662

should be 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housekeeper*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary action with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Examples: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Pneumia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.

— *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.

— *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Winthrop
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

1 PLACE OF DEATH

County Middlesex State Mass Registered No. _____
City or Town Winthrop No. 233 Pleasant St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ida J. Breed
(a) Residence. No. 233 Pleasant St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a If married, widowed, or divorced
HUSBAND of Ida J. Breed
(or) WIFE of Ida J. Breed
6 DATE OF BIRTH Jan 20 (Month) (Day) (Year) 1865

7 AGE Years 69 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) Name of employer _____

9 BIRTHPLACE (City) Pawtucket
(State or country) R. I.

10 NAME OF FATHER Ida J. Breed

11 BIRTHPLACE OF FATHER (City) Ida J. Breed
(State or country) _____

12 MAIDEN NAME OF MOTHER Ida J. Breed

13 BIRTHPLACE OF MOTHER (City) Ida J. Breed
(State or country) _____

14 Informant Ida J. Breed
(Address) 22 Alban St. Wob.

15 Filed Dec. 28, 1923
(Month) (Day) (Year)

21 Burial permit issued by J. McDaniel Official position _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 25 (Month) (Day) (Year) 1923

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Acute dilatation of heart
Chronic myocarditis

(See reverse side for description for unknown person)

18 Where was injury sustained if not at place of death?

(Signed) W. H. Sullivan M.D.

(Address) _____

Medical Examiner for _____
Date Dec 26 (Month) (Day) (Year) 1923

19 PLACE OF BURIAL, CREMATION, or REMOVAL _____ DATE OF BURIAL _____
(Cemetery) (City or town) (Month) (Day) (Year)

20 UNDERTAKER W. H. Sullivan & Son ADDRESS Malden
Date of Dec 28 (Month) (Day) (Year) 1923 Permit No. 663

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

a description of such person, as full as may be, with **the cause and manner of his death**, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicæmia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)," "Heart disease, presumably coronary sclerosis. (Sudden death)."

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained.—*Revised Laws, Chap. 24, Sec. 20.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Dec. 25, 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 Burial permit
issued by

Official
position

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:

Chronic valvular heart disease

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

M.D.

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

(Month) (Day) (Year)

19 UNDERTAKER

ADDRESS

Permit
No.

DEC 28 1923

8844

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 48, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Dec. 26. 1923

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

(City or town)

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

Jan 5 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19__, to

, 19__,

that I last saw h____ alive on

, 19__,

and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis?

(Signed)

M. D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Official
position

Health Officer

Date of
issue
of permit

12/29/23

Permit

NO. 664

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the diseases causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, to the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Winthrop
(City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. _____
City or Town Winthrop No. 95 Bowdoin St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William J. Downes
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 95 Bowdoin St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie F.

6 AGE Years 33 Months _____ Days _____ If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk.
(b) Name of employer P.O.

8 BIRTHPLACE (City) Charlestown
(State or country) Mass

9 NAME OF FATHER Francis

10 BIRTHPLACE OF FATHER (City) Cannot be learned
(State or country)

11 MAIDEN NAME OF MOTHER Elizabeth

12 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) Mass

13 Informant Josephine Downes
(Address) 95 Bowdoin St.

14 Filed Jan 5 '24 Bessie L. Lodge
(Month) (Day) (Year) Asst. REGISTRAR

20 Burial permit issued by _____ Official position _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec. 28, 1923.
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Penetrating wound of brain produced by screw-driver.
Investigation pending.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) W. S. V. V. M.D.

(Address) 80 E. Concord St.

Medical Examiner for Suffolk County
Date Dec. 29, 1923.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Holy Cross Malden
(Cemetery) (City or town) DATE OF BURIAL Dec 31 1923
(Month) (Day) (Year)

19 UNDERTAKER John T. Mauley ADDRESS Winthrop

21 Date of issue DEC 28 1923 Permit No. 9016

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .

— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Spencer 28.1927

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____
City or Town Winthrop No. 14 Coral Ave St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Annie Sherman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 14 Coral Ave. St. _____ Ward Winthrop
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of

David

6 AGE 70 Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housework

(b) Name of employer

8 BIRTHPLACE (City) _____ (State or country)

Austria

9 NAME OF FATHER Nathan Stecker

10 BIRTHPLACE OF FATHER (City) _____ (State or country) Austria

11 MAIDEN NAME OF MOTHER Minnie Cannot be

12 BIRTHPLACE OF MOTHER (City) _____ (State or country) Austria

13 Informant Max Gruntshet (Address) 16 Milford St. Boston

14 Filed Jan 5, 1924 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Danile
421

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 31 1923
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1923, to Dec 31, 1923, that I last saw him alive on Dec 31, 1923, and that death occurred, on the date stated above, at 2:20 A m. The CAUSE OF DEATH was as follows:

Chronic Myocarditis
Diabetes mellitus

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) ? yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. B. Parker, M.D.

(Address) Winthrop Mass

Date Dec 31 1923
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL W. Rox. Beth Abraham Cem. (City or town) DATE OF BURIAL Jan. 3, 1924

19 UNDERTAKER Manuel Stantshy ADDRESS Boston

Official position Health Officer Date of issue of permit 1/31/23 No. 665

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (b) Grocery, (c) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housekeeper, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed Jan 16 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 1914, to

, 1923.

that I last saw him alive on December 16, 1923.

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH was as follows:

*Sarcoma of Lungs, Cranium
& Pelvis.
(Original found on toe)*

(duration) 18 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of 1905-1914

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Elevard Bradford
(Cemetery) (City or town)

July 3-24

19 UNDERTAKER

ADDRESS

G. M. Allen Medford

Official
position

Health officer of permit

Date of
issue

1/2/24

Permit

No. 666

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Shutter*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infantile," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died! . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Middlesex

State

Mass.Registered No. 11

(City or town)

(Place of death)

City or Town

Cambridge

No.

Charlesgate Hospital

Registered No.

(Place of residence)

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Abraham Segal

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

Mass.

City or Town

Winthrop

No.

47 Washington Av.

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Mar.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFreeda

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

7300

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workRetired

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

Russia9 NAME OF
FATHERJoseph10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

Russia11 MAIDEN NAME
OF MOTHERAnna (Unkn)12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

Russia

13

Informant

(Address)

Jennie Reitman,
Winthrop, Mass.

14

Filed

Jan. 4, 1924

Registrar of city or town where death occurred

Filed

Mar. 7, 1924

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

Jan. 2, 1924

16

I HEREBY CERTIFY, That I attended deceased from

Dec. 30, 1923

to

Jan. 2, 1924

19

that I last saw him alive on Jan. 2, 1924 19and that death occurred, on the date stated above, at 4.30 P

The CAUSE OF DEATH was as follows:

Gangrene of foot and left leg with
infection- Amputation- embolic following pneumonia 1 dayUraemia2 day

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

J. J. Cotton

, M.D.

(Address)

Commonwealth Av. Boston
Jan. 3, 1924

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Beth Abraham, Roxbury

(Cemetery)

(City or town)

DATE OF BURIAL

Jan. 3, 1924

19 UNDERTAKER

Manuel Stanetsky

ADDRESS

Boston Mass.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (c) Salesman, (d) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral typhoid fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indistinct); *Tuberculosis of lungs, meningitis, peritonium, etc. Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 83, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

0-301
should be 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 and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

Jan. 16, 1924

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan

4

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

on Jan. 4, 1924, to

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

still born

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edw. J. Frauger

M. D.

(Address)

7 Drvin St. Winthrop

Date

Jan

4

1923

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Michael's Cemetery

(City or town)

DATE OF BURIAL

Jan 7/24

19 UNDERTAKER

John F. D. Tracy

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue
of permit

1/17/24

Permit
NO.

1667

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSThe Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATHWintthrop
HISTORICAL
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Wintthrop

No.

26 Pleasant St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edward A. Hoyt

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

26 Pleasant

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

24 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Harriet E.

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

84

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Clerk.

(b) Name of employer

U.S. Post Office

8 BIRTHPLACE (City)

Providence

(State or country)

R.I.

9 NAME OF
FATHER

Benjamin Hoyt

10 BIRTHPLACE OF
FATHER (City)

Bradford

(State or country)

Vt.

11 MAIDEN NAME
OF MOTHER

Hester M. Kenney

12 BIRTHPLACE OF
MOTHER (City)

Boothbay

(State or country)

Me.

13

Informant

Edward H. Hoyt

(Address)

24 Cummings Rd. Boston

14

Filed

Jan. 16, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

L. C. Sanilk

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan

5

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec 30

, 1920, to

Jan 5

, 1924.

that I last saw him alive on

Jan 4

, 1924.

and that death occurred, on the date stated above, at

7 P. m.

The CAUSE OF DEATH was as follows:

Heart failure of 1 week

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

H. H. Hoyt

, M.D.

(Address)

26-1

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cassiee Casper H.

(Cemetery)

(City or town)

Jan 2, 1924

19 UNDERTAKER

ADDRESS

John F. O'Malley

Wintthrop

Official

Health Officer

Date of
issue
of permit

1/8/24

Permit

No. 668

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extraots from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 89 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Corticæes will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 11 1/2, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

1924,

BOSTON

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. _____
 City or Town **Boston** No. **PETER BENT BRIGHAM HOSPITAL** (Place of death)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **MARGARET MARY CLANCY**

MASS.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **162** **CIRCUIT ROAD** St. **St.**

(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

15 DATE OF DEATH **JAN. 5** 1924
 (Month) (Day) (Year)

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from
NOV. 30, 19**23**, to **JAN. 5**, 19**24**.
 that I last saw h. **ER** alive on **JAN. 5**, 19**24**.
 and that death occurred, on the date stated above, at **7.05P** m.
 The CAUSE OF DEATH was as follows:

6 AGE Years Months Days If LESS than
29 **5** **22** 1 day, _____ hrs.
 or _____ min.

BRAIN TUMOR, LT. TEMPORAL, MALIGNANT

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **SWITCH-BOARD OPR.**

(b) Name of employer **STATE HOUSE**

(duration) _____ yrs. **5** mos. _____ ds.
 CONTRIBUTORY **METASTATIC CANCER VISCERA**
 (SECONDARY) (duration) _____ yrs. **2** mos. _____ ds.

8 BIRTHPLACE (city or town) **BOSTON**
 (State or country)

17 Where was disease contracted if not at place of death?
 Did an operation precede death? **YES** Date of **DEC. 12. '23**
 Was there an autopsy? **YES (LT. BONE FLAP)**
 What test confirmed diagnosis?
 (Signed) **A. G. NICHOLS**, M.D.
 (Address) _____
 Date **JAN. 6**, 1924
 (Month) (Day) (Year)

9 NAME OF FATHER **PATRICK J.**

10 BIRTHPLACE OF FATHER (city or town) **IRELAND**
 (State or country)

11 MAIDEN NAME OF MOTHER **ALICE M. KELLY**

12 BIRTHPLACE OF MOTHER (city or town) **IRELAND**
 (State or country)

13 Informant **PATK. CLANCY**
 (Address) _____

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **ST. BENEDICT** DATE OF BURIAL **JAN. 8** 19**24**
 (Cemetery) (City or town)

14 Filed **JAN. 8**, 19**24** **E. W. M. Glenen**
 Registrar of city or town where death occurred

19 UNDERTAKER **R. C. KIRBY** ADDRESS _____

Filed **Jan. 15**, 19**24** _____
 Registrar of city or town where deceased resided

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (c) Seaman, (d) Grocery; (a) Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lung, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., etc.* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-nation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral, septicemic," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscer-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

PARENTS

13

Informant

(Address)

14

Filed

Jan. 16, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

October 27, 1923, to Jan 9, 1924,

that I last saw him alive on Jan 9, 1924,

and that death occurred, on the date stated above, at 10⁴⁵ 9 m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial
Nephritis

Duration ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. 2 ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed)

Erville E. Johnson, M. D.

(Address)

123 Brighton St.

Date

Jan 9 - 1924 Wintthrop

(Month)

(Day)

(Year)

18 PLACE OF BURIAL CREMATION OR REMOVAL

(Cemetery)

Holy Hood Brookline

(City or town)

DATE OF BURIAL

Jan. 12, 24

19 UNDERTAKER

(Address)

Richard L. Kirby

ADDRESS

East Boston

Official
position

Health Officer

Date of
issue
of permit

1 / 24

Permit
NO.

669

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer" or "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *myelitis*, *peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., of " " " " (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic adnular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia", "Anemia" (merely symptomatic), "Atrophy", "Collapse", "Coma", "Convulsions", "Debility" ("Congenital", "Senile", etc.), "Dropsy", "Exhaustion", "Heart failure", "Hemorrhage", "Inanition", "Marasmus", "Old age", "Shock", "Uremia", "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia", "Puerperal peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumata (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Winthrop Registered No. _____
City or Town Winthrop No. Community Hosp St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Welch, Joseph
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 38 Beal St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years _____ Months _____ Days 2 If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Winthrop
Mass

9 NAME OF FATHER Albert T.

10 BIRTHPLACE OF FATHER (City)
(State or country) East Boston
Mass

11 MAIDEN NAME OF MOTHER Mary T. McShinn

12 BIRTHPLACE OF MOTHER (City)
(State or country) East Boston
Mass

13

Informant Thomas Welch
(Address) 90 Circuit Rd

14

Filed Jan. 16 1924
(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

H. C. Daniels
9-18

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 10 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1924, to Jan 10, 1924, that I last saw him alive on Jan 10, 1924, and that death occurred, on the date stated above, at 8 P m. The CAUSE OF DEATH was as follows:

Central Hemorrhage

(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of Jan 10

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation
(Signed) R. B. Parker M. D.

(Address) Winthrop
Date Jan 11 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL
Holy Cross, Malden Jan 11, 1924
(Cemetery) (City or town)

19 UNDERTAKER John T. O'Malley ADDRESS Winthrop

Official position Health Officer Date of issue of permit 1/11/24 Permit NO. 670

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Doiler," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not faintly employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metriosis*, *peritonitis*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name or origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, scarlatina, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumas (including resulting septicemias), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced

HUSBAND OF
(or) WIFE OF

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

On 24

1924

to

Jan 11

1924

that I last saw her alive on

Jan 11

1924

and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH was as follows:

Carcinoma of Uterus.

(duration)

? yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Yes

Date of Jan 11/24

Was there an autopsy?

Yes.

What test confirmed diagnosis?

(Signed)

P. B. Parker

M. D.

(Address)

Wentworth Mass

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Freshkill

Freshkill Rural Cemetery - N. Y.

(Cemetery)

(City or town)

DATE OF BURIAL

1/14/1924

19 UNDERTAKER

C. R. Leman

ADDRESS

Wentworth

Official
position

Health Officer

Date of
issue

of permit

1/17/24

Permit
No.

671

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colon mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, by a . . . by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposablely due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 33)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Dorchester

No.

94, Terrace Ave

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Tom Susanna Montgomery

(a) Residence. No.

94 Terrace Ave

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

3

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

James Montgomery

6 AGE

Years

38

Months

—

Days

—

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Belfast
Ireland

9 NAME OF
FATHER

John Boyce

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Belfast
Ireland

11 MAIDEN NAME
OF MOTHER

Susan McNeill

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Belfast
Ireland

13

Informant

Tom Boyce

(Address)

34 Hammond St. Wrentham

14

Filed

(Month)

Jan 17 1924

(Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

Jan 10 1924

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:

Natural causes probably

cardiac hypertrophy

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

W. H. Adams

M.D.

(Address)

Medical Examiner for

Date

Jan 10 1924

(Month) (Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

1/17-24

ADDRESS

Wrentham

20 Burial permit
issued by

H. C. Daniels

Official
position

Health Officer

21 Date of
issue

1/17/24

Permit
No.

372

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 8.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan 15, 1924

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Winthrop

No.

239 Shore Drive

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Stillborn Batti

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

239 Shore Drive

St.

Ward

Winthrop, Mass.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop, Mass.

(State or country)

9 NAME OF
FATHER

Andrea Batti

10 BIRTHPLACE OF
FATHER (City)

Italy

(State or country)

11 MAIDEN NAME
OF MOTHER

Grazia Mascolina

12 BIRTHPLACE OF
MOTHER (City)

Italy

(State or country)

13

Informant

Andrea Batti

(Address)

239 Shore Drive, Winthrop

14

Filed

Jan 29, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

Jan 16th

(Day)

1924

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 16, 1924, to Jan 16, 1924

that I last saw him alive on Jan 16, 1924

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH was as follows:

Still birth

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Cesario A. Guarneri, M.D.

(Address)

298 Beacon St

Date

Jan 16, 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Michael's Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Jan. 19, 1924

19 UNDERTAKER

Angelo Jannini

ADDRESS

215 North St
Boston, Mass.

Official

Health Officer

Date of

issue

4/19/24

Permit

No. 674

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Associations!

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plasterer*, *Physician*, *Compositor*, *Architect*, *Ironmold-maker*, *Civil Engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths and possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH *Suffolk* County *Mass* State *Winthrop* (City or town) Registered No. *10, Bear Putnam St.* Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Johanna P. Casseus*
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *40, Bear Putnam St.* Ward. *Winthrop*
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE Years *13* Months Days *10* If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at home*
(b) Name of employer

8 BIRTHPLACE (City) *Winthrop*
(State or country) *Mass*

9 NAME OF FATHER *Thomas F.*
10 BIRTHPLACE OF FATHER (City) *C. Boston*
(State or country) *Mass*
11 MAIDEN NAME OF MOTHER *Artrude M. Winthrop*
12 BIRTHPLACE OF MOTHER (City) *Belfast*
(State or country) *Me.*

13 Informant *Mrs. G. M. Casseus*
(Address) *90 Bear Putnam St.*

14 Filed *Jan. 29, 1924*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Danieley*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *January 17, 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Sept 14*, 1923, to *January 4*, 1924, that I last saw him alive on *January 4*, 1924, and that death occurred, on the date stated above, at *5.15* a.m.
The CAUSE OF DEATH was as follows:
Chronic myocarditis and Chronic myocarditis

(duration) *8* yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) *✓*
(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death? *✓*

Did an operation precede death? *No* Date of *✓*

Was there an autopsy? *No*

What test confirmed diagnosis? *Physical Examination*
(Signed) *Dr. J. F. McLeod* M. D.

(Address) *Jan 17, 1924*
Date (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Holy Cross* DATE OF BURIAL *Jan. 19, 1924*
(Cemetery) (City or town)

19 UNDERTAKER *John F. McLeod* ADDRESS *Winthrop*

Official position *Health Officer* Date of issue of permit *1/18/24* Permit NO. *673*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid wife, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with reference to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic Typhoid fever (never report "Typhoid pneumonia."); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name or origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meesles*: *Whooping cough*; *Chronic adreular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meesles* (disease causing death), *29 da*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," "Debility," ("Congenital," "Collapse," "Coma," "Convulsions," "Heart failure," "Hemorrhage," "Scurvy," "Dropsy," "Erysipelas," "Old age," "Shock," "Dremita," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement or containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

County Pinellas

STATE BOARD OF HEALTH OF FLORIDA

Permit No. 291Precinct _____
(Write name, not number)

BUREAU OF VITAL STATISTICS

Inc. Town _____
orCity St. Petersburg Fla

REMOVAL AND BURIAL PERMIT

Reg. Dist. No. 390IFull name James Edward Young; Age 76; Sex Male; Color WhiteDisease causing Death Acute PancreatitisDate of death Jan 18th 1924, 19__Removal to Boston Mass, via Atlantic Coast LineUndertaker Wilhelm Undertaking Co Address St. Petersburg Fla

A Certificate of Death having been filed in my office in accordance with the Laws of Florida, I hereby authorize the removal and burial of the body of said deceased person as stated above.

Dated Jan 21st 1924, 192__ Registrar's Signature Chas M. Davis

Burial Permits must be delivered by the undertaker to the sexton or other persons in charge of the burial ground or cemetery where burial takes place. When the body is to be shipped to a distant point, requiring the service of a common carrier, in addition to the Removal Permit, the body must be accompanied by a Transit Label as required by the State Board of Health. For full particulars see Rules and Regulations governing the transportation of dead bodies.

Sexton's Signature _____ Date of Interment _____, 192__

This permit must be indorsed by the sexton and returned to the Local Registrar of his district within ten days. If there is no sexton or person in charge of burial ground, the undertaker or person acting as such, shall sign same as sexton, giving date of interment. Write across face of permit the words, "No person in charge," and return to Local Registrar of the district in which interment is made within ten days.

INSTRUCTIONS TO PASSENGER ACCOMPANYING REMAINS

This Burial and Removal Permit must be filled out by the Local Registrar of the registration district in which the death occurred from information stated on the Death Certificate, over his signature.

The transportation company's agent or baggagemaster must detach this portion of the permit and hand it to the person authorized to accompany the remains.

If the body is shipped by express, the express agent must detach this portion of the Transit Permit and attach it to the Waybill, as it must accompany the remains to its destination. The receiving agent to turn over this Permit to the receiving undertaker, or person to whom the body is delivered.

The passenger accompanying the remains must deliver this Permit to the undertaker or person having charge of the burial of the body.

This permit authorizes the burial of the body of the deceased named on the reverse side of this Permit at any place in the State of Florida.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

~~Suffolk~~

State Massachusetts

Registered No.

City or Town

Boston

No.

Petersburg Florida

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

James Edward Young

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No.

32 Edgell Ave.

St.

Ward.

Winthrop Mass

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Wh

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than 1 day, ___ hrs. or ___ min.

76

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Nova Scotia

(State or country)

9 NAME OF FATHER

William Young

10 BIRTHPLACE OF FATHER (City)

Nova Scotia

(State or country)

11 MAIDEN NAME OF MOTHER

Ellen

12 BIRTHPLACE OF MOTHER (City)

Nova Scotia

(State or country)

13

Informant

Wiley Young

(Address)

32 Edgell Winthrop Mass

14

Filed

Jan. 11, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan. 18 1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____,

that I last saw h_____ alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Acute Pancreatitis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____ If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis?

(Signed)

M. D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Long. Winthrop Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Jan 25/24

19 UNDERTAKER

J. E. Henderson

ADDRESS

Everett

Date of

issued

Jan 23 1924

Permit

No.

1878

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho pneumonia* ("Pneumonia," unqualified is indefinite); *Tuberculosis of lungs*, *metastases peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubercular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gastritis, gastroenteritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by a physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by the violence.—*Gen. Laws, Chap. 38, § 9, 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

No. **57, Beacon**

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Margaret Mc Aleer

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

57 Beacon

St.

Ward

North

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

John B. Mc Aleer

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

75

—

—

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass.

9 NAME OF FATHER

Patrick Mullin

10 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME OF MOTHER

Can not be learned

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston, Mass.

13

Informant

Husband

(Address)

14

Filed

Jan. 29, 1924

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. D. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

1

(Month)

20

(Day)

24

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan. 5, 1924, to Jan. 20, 1924

that I last saw him alive on

Jan. 20, 1924

and that death occurred, on the date stated above, at **11:35 P.m.**

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration)

yrs.

mos.

ds.

CONTRIBUTOR (SECONDARY)

Renewal of disease

(duration)

yrs.

mos.

ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? **—** Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **Walter A. G. M.D.**

(Address) **261, Beacon St.**

Date

1 (Month)

21 (Day)

27 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Benedict Cemetery Boston

DATE OF BURIAL

1/23/24

19 UNDERTAKER

J. L. Fuller

ADDRESS

730 Beacon St.

Official position

Walter A. G.

Date of issue of permit

1/21/24

Permit

No. **575**

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs, meningitis, peritonium, etc.*; *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report more symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

Jan 29 1924
(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan. 21 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 21, 1924, to Jan. 21, 1924,

that I last saw her alive on Jan. 21, 1924,

and that death occurred, on the date stated above, at 11:00 a.m.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

Jan 24 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Official
positionDate of
issue
of permitPermit
NO.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Coal engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Doaler," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc. (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.; "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

City or Town

Winthrop

No.

Winthrop General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Ward

2 FULL NAME

(Primaire) Karas

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

13 way way ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

w.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

Premature

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop

(State or country)

9 NAME OF
FATHER

Eli Karas

10 BIRTHPLACE OF
FATHER (City)

Dorchester

(State or country)

Karas

11 MAIDEN NAME
OF MOTHER

Eva Spector

12 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

Mass.

13

Informant

Eli Karas

(Address)

13 way way ave

Winthrop

14

Filed

Jan 29 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.H. C. L. Smith
4521

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan
(Month)26
(Day)1924
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan. 26, 1924, to Jan. 26, 1924

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Premature & Stillborn

(duration).....yrs.....mos.....ds.

CONTRIBUTORY
(SECONDARY)

Toxaemia of mother

(duration).....yrs.....mos.....ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Albert Astin, M.D.

(Address) 32 way way ave, Winthrop

Date Jan 27, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Burial Corporation
(Cemetery)

(City or town)

DATE OF BURIAL

Jan 27/24

19 UNDERTAKER

Wm. & L. Smith

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue
of permit

1/27/24

Permit

No. 677

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Steelman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Menses*; *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to **injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

City or Town

No. 2 Building

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence, State

City or Town

No.

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed

Jan 31, 1924

Registrar of city or town where death occurred

Filed

Feb 1, 1924

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, that I attended deceased from

January 21, 1924, to January 27, 1924, that I last saw him alive on January 25, 1924, and that death occurred, on the date stated above, at 7:50 A.M.

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY (SECONDARY)

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Mark H. Westworth, M.D. 127, 1924 (Address) 2 Elm St. Concord, Mass

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wintthrop Wintthrop Jan 30, 1924

20 UNDERTAKER

ADDRESS

C. R. Brunison Wintthrop Mass

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salaman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 39, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 39, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

30 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced

HUSBAND OF
(or) WIFE OF

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan (Month)

29 (Day)

1924 (Year)

16

I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____,

and that death occurred, on the date stated above, at 7:45 P. m.

The CAUSE OF DEATH was as follows:

Natural Causes
presumably Cardiac Failure

CONTRIBUTORY

(SECONDARY)

17 Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed)

R. B. Perkins

M. D.

(Address) Wintthrop Board of Health

Date

Jan (Month)

30 (Day)

1924 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Official position

Health Officer

Date of issue of permit

1/30/24

Permit

NO.

678

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 28 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certhasos will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Wintthrop

No

230 Lincoln

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Caroline A. Floyd

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No

230 Lincoln

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

David Albert Floyd

6 AGE

Years

Months

Days

If LESS than

82

2

12

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) Name of employer

8 BIRTHPLACE (City)

Medford

(State or country)

Mass

9 NAME OF
FATHER

John Allen

10 BIRTHPLACE OF
FATHER (City)

Hillsboro

(State or country)

N. H.

11 MAIDEN NAME
OF MOTHER

Susan Steele

12 BIRTHPLACE OF
MOTHER (City)

Medford

(State or country)

Mass

13

Informant

(Address)

Ron Mac Floyd
230 Lincoln St Wintthrop

14

Filed

Feb 1, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. L. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

January

27

(Day)

1924

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 25

, 1924, to Jan 29

, 1924

that I last saw her alive on Jan 29

, 1924

and that death occurred, on the date stated above, at 8:40 a.m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY

(SECONDARY) 1

Valvular heart disease

(duration) 3 yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Horace J. Soule

, M.D.

(Address) 180 Wintthrop St

Date Jan 29 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wintthrop

(Cemetery)

DATE OF BURIAL

Jan 31-24

19 UNDERTAKER

Frank E. Brown East Boston

ADDRESS

Official

position Health Officer

Date of
issue

7/30/24

Permit

No. 679

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plasterer*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, *tumor*, of, (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

Special cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No. 81

Birch

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Araminta D. Sargent

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

81 Birch

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

George W.

6 DATE OF BIRTH

Sept. 30, 1835

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

88

3

30

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.
(b) Name of employer

At home

9 BIRTHPLACE (City)
(State or country)Rockland
Maine

PARENTS

10 NAME OF
FATHER

John A. Gregory

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Canaan
Maine12 MAIDEN NAME
OF MOTHER

Phoebe M. Young

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Canaan
Maine

14

Informant
(Address)Mark H. Pearson
81 Birch Rd. Winthrop

15

Filed

Feb. 1, 1924

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan.

29

1924

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan. 15, 1924, to Jan. 29, 1924,

that I last saw him alive on Jan. 28, 1924,

and that death occurred, on the date stated above, at 5 A. M.

The CAUSE OF DEATH was as follows:

Cerebral haemorrhage.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Franzen, M.D.

(Address)

7 Green St.

Date

June

29

1924

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Woodlawn

Winthrop

Jan. 27, 1924

(Cemetery)

(City or town)

20 UNDERTAKER

ADDRESS

Frank C. Brown, 6 Boston

Official
position

Health Officer

Date of
issue

of permit

1/3/24

Permit

No. 680

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Steelman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) condition need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestion," "Sedation," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, moniliasis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 1, as amended by Acts of 1910, Chap. 582.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, upon the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Waltham

No.

55 Sea View Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lillian Ruth

Davis

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

55 Sea View Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

10 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Myrton L. Davis

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

49

11

22

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at Home

(b) Name of employer

8 BIRTHPLACE (City)

Port Greville

(State or country)

Nova Scotia

9 NAME OF FATHER

James E. Hatfield

10 BIRTHPLACE OF FATHER (City)

Port Greville

(State or country)

Nova Scotia

11 MAIDEN NAME OF MOTHER

Hester Hatfield

12 BIRTHPLACE OF MOTHER (City)

Nova Scotia

(State or country) *unable to obtain*

13

Informant

Myrton L. Davis

(Address)

55 Sea View Ave Waltham

14

Filed

Feb. 1, 1924

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Davis

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan

30

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

never, 19__, to __, 19__,

that I last saw him alive on __, 19__,

and that death occurred, on the date stated above, at *3 P.* m.

The CAUSE OF DEATH was as follows:

Natural Causes

Probably Bronchial Pneumonia

(duration) ____ yrs. ____ mos. *10* ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? ____ Date of ____

Was there an autopsy? *Yes*

What test confirmed diagnosis?

(Signed)

R. B. Parker

M. D.

(Address)

Waltham Board of Health

Date

Jan 31

1924

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Waltham

(Cemetery)

(City or town)

DATE OF BURIAL

February 1st 1924

19 UNDERTAKER

Chas. R. Benson

ADDRESS

Waltham

Official position

Health Officer

Date of issue

2/1/24

Permit NO.

68-1

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indelible); *Tuberculosis of lungs, meningitis, peritonium*, etc.; *Carcinoma, Sarcoma*, etc.; (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles: Whooping cough, Chronic tubular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d day, Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46; Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or town)

Registered No.

City or Town

No. 35

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. 35

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

21 years 9 months

days.

How long in U. S., if of foreign birth?

21 years 9 months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

male

white

single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

22

21

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Bank Clerk

Commonwealth Trust Co.

8 BIRTHPLACE (City)

(State or country)

Hamilton

Bermuda

9 NAME OF
FATHER

William L Childress

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Honesdale

Pennsylvania

11 MAIDEN NAME
OF MOTHER

Emma L Card.

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Hamilton

Bermuda

13

Informant

(Address)

Wm. D. Childress

35 Tremont St.

14

Filed

(Month) (Day) (Year)

Feb 7 1924

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. D. Amley

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July 2

(Month)

(Day)

1924

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 8, 1924, to July 2, 1924,

that I last saw him alive on July 1, 1924,

and that death occurred, on the date stated above, at 2:25 a.m.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

J. M. T. M., M.D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop (Cemetery)

Winthrop (City or town)

Feb 4 / 24

19 UNDERTAKER

ADDRESS

Walter T. White

Winthrop

Official
position

Health Officer

Date of
issue
of permit

2/7 1924

Permit

No. 682

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Leconductor engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (c) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Shiner*, (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* or to receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphena," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Asthenia, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 89, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 89, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)
(State or country)11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)
(State or country)

13

Informant

(Address)

14

Filed

Feb 7 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb.

2

1924

(Month)

(Day)

(Year)

16

HEREBY CERTIFY, That I attended deceased from
Jan. 31, 1924, to Feb. 2, 1924,
that I last saw him alive on Feb. 1, 1924,
and that death occurred, on the date stated above, at 7:15 P.M.
The CAUSE OF DEATH was as follows:

Bronchitis - pneumonia

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edmund J. Franiger

M. D.

(Address)

7 Grove St

Date

Feb. 4

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

(Cemetery)

Winthrop (City or town)

19 UNDERTAKER

ADDRESS

Official position

Health Officer

Date of issue

25, 24

Permit

No. 683

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., (name origin in "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, necrosis, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

1162

City or Town

Boston

No.

439 Winthrop Street

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Maria Costa

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

439 Winthrop Street

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

2 years

months

days.

How long in U. S., if of foreign birth?

2

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Antonio Costa

6 AGE

Years

Months

Days

If LESS than

69

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) Name of employer

8 BIRTHPLACE (City)

Azores, Portugal

(State or country)

9 NAME OF
FATHER

Manuel Montes

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Azores, Portugal

11 MAIDEN NAME
OF MOTHER

Unknown

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Azores, Portugal

13

Informant

Antonio Costa

(Address)

439 Winthrop Street

14

Filed

Feb 25 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

K. C. Daniel

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb.

10

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb. 5, 1924, to Feb. 10, 1924

that I last saw him alive on Feb. 10, 1924

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Mahoney, M.D.

(Address)

356 Winthrop St.

Date

Feb. 12

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Sepulchre, Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Feb 13th 1924

19 UNDERTAKER

ADDRESS

BOSTON

Official
position

Health Officer

Date of
issue

of permit

2/12, 24 No. 684

Permit

See back of certificate for instructions and extracts from the laws on back of certificate.

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

WHITE, PLAIN, with one side black ink and one side red ink. PHYSICIANS should state CAUSE OF DEATH

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former merchant*, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized diseases unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Waltham

No.

35 Quincy ave

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jennie Luthera Cutting

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

98 Main St

St.,

Ward.

Amherst Mass

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

x

years

2

months

x

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed or divorced

HUSBAND of

Stephen M. Cutting

(or) WIFE of

6 AGE

Years

71

Months

x

Days

20

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

Pelham

(State or country)

Mass

9 NAME OF
FATHER

John. Ryder

10 BIRTHPLACE OF
FATHER (City)

Pelham

(State or country)

Mass

11 MAIDEN NAME
OF MOTHER

unable to obtain

12 BIRTHPLACE OF
MOTHER (City)

"

"

"

(State or country)

..

-

.

13

Informant

R. E. Cutting

(Address)

35 Quincy ave Waltham

14

Filed

Feb 25 1924

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

J. P. Langley

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb 14

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 10, 1924, to Feb 14, 1924

that I last saw him alive on Feb 13, 1924

and that death occurred, on the date stated above, at 5:30 A.M.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

E. W. Rogers

M. D.

(Address)

20 Essex Ave

Date

Feb 14

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Waltham

Amherst Mass

(Cemetery)

(City or town)

DATE OF BURIAL

Feb 16 1924

19 UNDERTAKER

G. R. Bennett

ADDRESS

Waltham Mass

Official
position

Health Officer

Date of
issue
of permit

2/10/24

Permit
NO.

685

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Carpenter, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, *first*, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Typhoid cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc. of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric, Whooping cough, Chronic reticular heart disease, Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Emaciation," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

7-301
N. B. - WHITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~Boston~~
(City or town)

1 PLACE OF DEATH

County

Suffolk

Massachusetts

Registered No.

City or Town

Winthrop

Winthrop Community Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mary Snider

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

68

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Carpenter

8 BIRTHPLACE (City)

(State or country)

Nova Scotia

9 NAME OF
FATHER

Snider

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Unknown

11 MAIDEN NAME
OF MOTHER

Unknown

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Unknown

13

Informant

(Address)

John P. Snider
1924 Shirley St. Winthrop

14

Filed

(Month) (Day) (Year)

Feb 25 1924

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. H. H. H.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb.
(Month)

17
(Day)

1924
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan. 22, 1924 to Feb. 16, 1924

that I last saw him alive on Feb. 16, 1924

and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. 25 ds.

Edema of lung

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of.

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Traugott

M.D.

(Address)

74 Main St.

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Holy Cross Malden
(Cemetery) (City or town)

Feb. 19, 1924

19 UNDERTAKER

William A. Pearson

4559 Broadway St.
East Boston

Official
position

Health officer

Date of
issue
of permit

2/17/24

Permit

No. 686

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housekeeper*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dobility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, angitis, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall, forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. Winthrop
City or Town Winthrop No. 104 Highland Ave St. Ward —
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Elizabeth B. Adamson
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 104 Highland St. Ward. —
(Usual place of abode)
Length of residence in city or town where death occurred 1 years 8 months days. How long in U. S., if of foreign birth? — years — months — days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a If married, widowed or divorced HUSBAND of (or) WIFE of —
6 AGE Years 58 Months — Days — If LESS than 1 day, — hrs. or — min.
If STILLBORN, enter that fact here
7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At home (b) Name of employer
8 BIRTHPLACE (City) (State or country) Scotland
PARENTS
9 NAME OF FATHER David Adamson
10 BIRTHPLACE OF FATHER (City) (State or country) Scotland
11 MAIDEN NAME OF MOTHER Agnes Goodwillie
12 BIRTHPLACE OF MOTHER (City) (State or country) Scotland
13 Informant David Adamson
(Address) 281 East 18th St. Flatbush N. Y.
14 Filed Feb 25 1924
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 19 1924
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—, that I last saw h— alive on —, 19—, and that death occurred, on the date stated above, at 12:30 A m. The CAUSE OF DEATH was as follows:
Carcinoma of Breast (Left)
(duration) 1 1/2 yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) (duration) — yrs. — mos. — ds.
17 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Personal Examination
(Signed) Raymond B Parker M. D.
(Address) Winthrop Board of Health
Date Feb 19 1924
(Month) (Day) (Year)
18 PLACE OF BURIAL, CREMATION OR REMOVAL Flatbush Brooklyn N. Y. DATE OF BURIAL Unknown
(Cemetery) (City or town)
19 UNDERTAKER C R Ovenson ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels
Official position, Health Officer Date of issue of permit 2/19/24 Permit NO. 587

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal miner*, *Sailor*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc.; (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal eclampsia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced

HUSBAND of

(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Jan 17, 1924, to Feb 19, 1924.

that I last saw him alive on Feb 15, 1924.

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis
Chronic interstitial nephritis
(duration) 5 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted
if not at place of death?

at Home

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Feb-21-1924

19 UNDERTAKER

ADDRESS

Official position

Health Officer

Date of

issue of permit

Feb-2-1924

Permit

NO.

568

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disastrous causes of death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *28 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 13, 1924, to Feb 21, 1924,

that I last saw her alive on Feb 21, 1924,

and that death occurred, on the date stated above, at 8:15 A.M.

The CAUSE OF DEATH was as follows:

Hemorrhage of New Born

(duration) yrs. mos. 8 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? ☒ Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Official
position

Date of
issue
of permit

Permit
NO.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, marriage, peritonium*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 28 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipels, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the names of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

Months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

that I last saw h alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

Arterio-sclerosis

CONTRIBUTORY

(SECONDARY)

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official Health Officer

Date of
issue
of permit

Permit

NO.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plaster, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic adicular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases, resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester

(City or town)

1 PLACE OF DEATH

County Worcester State Mass.

Registered No. (Place of death)

City or Town Worcester No. St Vincent Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A Power

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town Winthrop No. - Neptune Ave SE
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female White Single

15 DATE OF DEATH Feb 25 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from
Sept 1 19 23, to Feb 25 19 24

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
Abt 50

that I last saw her alive on Feb 25 19 24,
and that death occurred, on the date stated above, at 9.30 P.m.
The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here

Pernicious anemia

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

(duration) 1-2 yrs. mos. ds.

8 BIRTHPLACE (city or town) Worcester

(State or country)

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

9 NAME OF FATHER

Richard

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Wm F Lynch, M.D.

(Address) Worcester

Date Feb 26 1924
(Month) (Day) (Year)

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

Ireland

11 MAIDEN NAME OF MOTHER

Bridget Power

12 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Ireland

13 Informant Maurice Power

(Address)

Worcester

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St Johns Worcester

(Cemetery)

(City or town)

DATE OF BURIAL

Feb 29 24

19

19 UNDERTAKER

John J Fay

ADDRESS

Worcester

14 Filed Mar 4 1924 W Henry Towne
Registrar of city or town where death occurred

Filed Mar 7 1924 Bessie Blodgett
Registrar of city or town where deceased resided

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.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *89 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebility," ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Drema," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

(City or town)

1 PLACE OF DEATH

County EssexState Mass.

Registered No.

(Place of death)

City or Town DanversNo. Danvers State Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

(Place of residence)

2 FULL NAME Myrtle J. Williams

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.

(Usual place of abode)

City or Town Winthrop No. St.

St.

Length of residence in city or town where death occurred

3 years 7 months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.24317

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workCandy Store

(b) Name of employer

9 BIRTHPLACE (city or town)

Winthrop

(State or country)

Mass.

10 NAME OF FATHER

Wiggeo Wiliams

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Norway

12 MAIDEN NAME OF MOTHER

Laura Christopherson

13 BIRTHPLACE OF MOTHER (city or town)

Norway

(State or country)

14

Informant

Clare E. Lyon

(Address)

Hathorne, Mass.

15

Filed 3/3/24, 19A. Preston Chase

Registrar of city or town where death occurred

Filed 3/6/24, 19Bessie S. Lodge West

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Feb. 28, 1924 19

17

I HEREBY CERTIFY, That I attended deceased from

July 28, 1920, to Feb. 28, 1924.that I last saw her alive on Feb. 28, 1924.and that death occurred, on the date stated above, at 11:45 AM

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Edgar Manly Blew, M.D.

, 19 (Address)

Hathorne

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop, Winthrop

DATE OF BURIAL

3/2/24 19

20 UNDERTAKER

C.R. Bennison,

ADDRESS

Winthrop

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.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *pertoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Assthemia," "Anemia," (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," ("Con- genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-mus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-birth or miscarriage, as "Puerperal septicemia," "Puer-peral, peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state

means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to de- termine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Retrober wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk

State Mass

Registered No.

City or Town Winthrop

No. 239 Pleasant St

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John M. B. Kelly

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No. 239 Pleasant St

St., Ward Mass

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Cynthia

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

74

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

Inspector U.S.

8 BIRTHPLACE (City)

Boston

(State or country)

Mass

9 NAME OF
FATHER

J. J. Kelly

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Mary Minton

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

13

Informant

(Address)

Cynthia Kelly
239 Pleasant St.

14

Filed

(Month) (Day) (Year)

Mar 10, 1924

REGISTRAR

20 Burial permit
issued by

H. C. Daniels

Official
position

Health Officer

21 Date of
issue

3/27/24

Permit
No.

691

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb - 29 - 1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:

Acute Cardiac Failure (momentary)
Chronic Myocarditis
arterio Sclerosis.

Collapsed & died suddenly
in his own cellar

natural cause

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

none

(Signed)

W. F. Nickles

M.D.

(Address)

446 Cambridge St.

Medical Examiner for

Suffolk

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Cemetery Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 3/24

ADDRESS

Winthrop

19 UNDERTAKER

John F. O'Malley

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Feb. 29, 1924

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

No.

310 Shirley

St.,

Ward

2 FULL NAME

Louis Alpert

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

310 Shirley

St.,

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

12 years

months

days

How long in U. S., if of foreign birth?

40 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Leah

6 AGE

73

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Russia

(State or country)

9 NAME OF
FATHER

Harry Alpert

10 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

11 MAIDEN NAME
OF MOTHER

Hinda Alpert

12 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

PARENTS

13

Informant
(Address)Leah Alpert
310 Shirley St.

14

Filed

2/1/24
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H.C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 5, 1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 5, 1924, to March 5, 1924.

that I last saw him alive on March 10, 1924.

and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH was as follows:

Anginal Pectoris
Known by Exam.

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

J. J. Anderson

M.D.

(Address)

356 Washington St.

Date

March 6, 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Chief Jacob Cem.

(Cemetery)

DATE OF BURIAL

Mar. 6, 1924

19 UNDERTAKER

Mannuel Stanetsky

ADDRESS

Boston

Official
position

Health Officer

Date of
issue

3/6/24

Permit

No. 692

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, & refs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*Cerebrospinal fever* the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Coccinella, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

(City or town)

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

25 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mary B McCarthy

6 AGE

Years

Months

Days

If LESS than

1 day..... hrs.

or..... min.

67

—

—

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

St Louis Missouri

9 NAME OF
FATHER

Daniel McCarthy

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

County Cork

11 MAIDEN NAME
OF MOTHER

Hannah Harrington

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

Co Cork

13

Informant

(Address)

Mary B McCarthy

91 Lowell Road

14

Filed

Mar. 31 1924

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

V. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March

5

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan. 1, 1924, to March 5, 1924.

that I last saw him alive on March 1, 1924.

and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted

if not at place of death?

(duration)

yrs.

mos.

ds.

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

P. Mulhoney

M.D.

(Address)

306 Mount St

Date

March 5

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cathay Boston

(Cemetery)

(City or town)

March 8

19 UNDERTAKER

ADDRESS

Wm F Spencer

South Bata

Official

position

Health Officer

Date of
issue

7/8/24

Permit

No. 623

N. B. WHITE PLAINLY, WITH UNFADING BLACK INK, THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is incomplete, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 65 Bellevue Ave St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred

9

years

X

months

X

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND or

(or) WIFE of

Nathan W. Eaton

6 AGE

Years

85

Months

11

Days

26

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at Home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Maynard
Mass9 NAME OF
FATHER

David Henderson

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Scituate
Mass11 MAIDEN NAME
OF MOTHER

Juliett H. Deaborn

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Chelsea
Mass

13

Informant

(Address)

Gladis Eaton

65 Bellevue Ave Waltham

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

-H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

3/1

, 1924, to

3/1

, 1924,

that I last saw him alive on

3/1

, 1924,

and that death occurred, on the date stated above, at 12:15 pm.

The CAUSE OF DEATH was as follows:

Acute Myocarditis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

Cholelithiasis

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of 3/1/24

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

J. W. C. Daniels

M. D.

(Address)

251, W. Main St

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Waltham

(Cemetery)

Waltham

(City or town)

DATE OF BURIAL

Mar 8th 1924

19 UNDERTAKER

C. R. Bennett

ADDRESS

Waltham

Official
position

Health Officer

Date of
issue
of permit

3/8/24

Permit
NO.

694

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*, *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Edema," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

City or Town

Winthrop

No.

15 Cottage Park Road St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lydia Hughes Cook

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

15 Cottage Park Road St.

Ward.

(Usual place of abode)

Length of residence in city or town where death occurred

37 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Frank F. Cook

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

61

4

22

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At home

(b) Name of employer

8 BIRTHPLACE (City)

North Truro
Mass.

(State or country)

9 NAME OF
FATHER

James A. Small

10 BIRTHPLACE OF
FATHER (City)North Truro
Mass.

(State or country)

11 MAIDEN NAME
OF MOTHER

Rebecca G. Hughes

12 BIRTHPLACE OF
MOTHER (City)North Truro
Mass.

(State or country)

13

Informant

Frank F. Cook

(Address)

15 Cottage Park Road

14

Filed

Mar 19 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issuedL. C. Daniels
9-24

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 12 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 13, 1924, to March 12, 1924

that I last saw him alive on March 11, 1924

and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

Several (duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Myxodermia
Marasmus (duration) yrs. mos. ds.17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. E. Johnson, M. D.

(Address) Winthrop Mass

Date March 12 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop (Burial)
(Cemetery) (City or town)

DATE OF BURIAL

March 14, 1924

19 UNDERTAKER

Charles R. Bunnison

ADDRESS

Winthrop

Official position Health Officer

Date of issue of permit 3-24

Permit

No. 695

N. B.—WHITE PLAIN, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia, unqualified, is indefinite; *Tuberculosis of lungs, meningis, peritonum, etc., Carcinoma, Sarcoma, etc., of* (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 days, Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," etc.), "Imitation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body, until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **unavoidably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No. 38

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

10 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widowed

5a If married, widowed, divorced, or

HUSBAND of
(or) WIFE of

William A. Gardner

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

81

-

-

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

At home.

8 BIRTHPLACE (City)

(State or country)

New Brunswick.

9 NAME OF
FATHER

Handaryd Peck Edgett

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Hopewell
N. B.11 MAIDEN NAME
OF MOTHER

Ruth Gross

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Hillsboro
N. B.

13

Informant

(Address)

A. E. Gardner.
26 Fremont St.

14

Filed

Mar 19 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March
(Month)14
(Day)1924
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 15, 1924, to Mar 14, 1924,

that I last saw him alive on March 14, 1924,

and that death occurred, on the date stated above, at 3:40 P.M.

The CAUSE OF DEATH was as follows:

Chronic myocarditis
Chronic Intestinal Infection

(duration) 3 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Maine.

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Personal Examination

(Signed)

R. B. Parker

M. D.

(Address)

148 Winthrop St Winthrop.

Date

Mar. 15,
(Month) (Day)1924
(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn
(Cemetery)Crest
(City or town)

DATE OF BURIAL

Mar 16 1924

19 UNDERTAKER

C. R. Benson

ADDRESS

Winthrop

Official
position

Health Officer

Date of

issue

3/15/24

Permit

No.

697

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plasterer*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases*, *peritonæa*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Emaciation," "Heart failure," "Hemorrhage," "Icterus," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Winthrop

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No.

401 Pleasant St

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Walter Benjamin Starkweather

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

401 Pleasant

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

22 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Olivia C Starkweather

6 AGE

Years

65

Months

11

Days

28

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

Junk Dealer

8 BIRTHPLACE (City)

Portsmouth
N. H.

(State or country)

9 NAME OF
FATHER

James Starkweather

10 BIRTHPLACE OF
FATHER (City)Saco Harbor
N. Y. State

(State or country)

11 MAIDEN NAME
OF MOTHER

Abbigail Odione

12 BIRTHPLACE OF
MOTHER (City)unable to obtain
" " "

(State or country)

13

Informant

Olivia C. Starkweather (Wife)

(Address)

401 Pleasant St Winthrop

14

Filed

Mar 19 24

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedH. C. Danich
4-8

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 14, 1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Mar 12, 1924, to Apr 14, 1924,

that I last saw him alive on Mar 14, 1924,

and that death occurred, on the date stated above, at 1:55 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Thrombosis

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY

(SECONDARY)

Endocarditis

(duration) 5+ yrs. ___ mos. ___ ds

17 Where was disease contracted
if not at place of death?Did an operation precede death? ☒ Date of ☐Was there an autopsy? ☐

What test confirmed diagnosis?

(Signed)

Richard M. D.

(Address)

114 Pleasant St

Date

Mar 14 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Forest Hill Cemetery - Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 17/24

19 UNDERTAKER

C. R. Bennison

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue
of permit

3/15/24

Permit
NO.

696

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin, "cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 28 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asthma," "Convulsions" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Anemia," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 years 0 months 3 days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Mar

15

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Mar 13, 1924, to Mar 15, 1924.

that I last saw him alive on March 15, 1924,

and that death occurred, on the date stated above, at 8: P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
(Diffuse Lobar)

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Personal Observation

(Signed) P. B. Parker, M.D.

(Address)

148 Winthrop St Winthrop

Date

Mar

17

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Norfolk Hall

Hosul

Mar 18

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

C. R. Benson

Winthrop

Official

position

Health Officer

Date of
issue

3/17/24

of permit

Permit

No.

198

N. B. - WHITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesenteric whooping cough*; *Chronic valvular heart disease*; *Chronic infectious nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric disease causing death, 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report more symptoms or terminal conditions, such as *Asthma*, "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

WINTHROP
BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____
City or Town Boston Wintthrop No. 37 Oakland St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Bertha M. Russell
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 37 Oakland St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
17 5 13

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Scholar
(b) Name of employer _____

8 BIRTHPLACE (City) _____
(State or country) Mass

9 NAME OF FATHER George H. Russell
10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
11 MAIDEN NAME OF MOTHER Bertha J. Rowe
12 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Mass

13 Informant G. H. Russell
(Address) 37 Oakland

14 Filed Mar. 31, 1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or trans't permit was issued

H. C. Danieley
G. S.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 16 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above at 4:57 p. m. The CAUSE OF DEATH was as follows:

Chronic suppurative
the left with M. Externus
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. mos. ds.
17 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? no

What test confirmed diagnosis? 2 m. in 10 m. with
(Signed) C. Whitely M.D.
(Address) 386 Wintthrop St.
Date March 17 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Wintthrop Boston
(Cemetery) (City or town)
DATE OF BURIAL Mar. 20 1924

19 UNDERTAKER George V. Todd
ADDRESS So. Boston

Official position Health Officer Date of issue of permit 3/18/24 Permit No. 699

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of sex. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (d) *Grocery*; (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, attesting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died! . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate, required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.

The Commonwealth of Massachusetts

1924, BOSTON
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State **Massachusetts**

City or Town **Boston**

No. **MASS. GEN. HOSPT.**

St. **Ward**

Registered No. **2519**
(City or town)

Registered No. **2519**
(Place of death)

2 FULL NAME **JOHN W. COLTON**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**
(Usual place of abode)

City or Town **WINTHROP** No. **38 CROSS**

St.

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

ALICE M

6 AGE Years Months Days If LESS than 1 day, hrs. min. **75** **1** **23**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

STATION AGENT

(b) Name of employer

8 BIRTHPLACE (city or town)

PHILADELPHIA

(State or country)

PENN.

9 NAME OF FATHER

JOHN COLTON

10 BIRTHPLACE OF FATHER (city or town)

MASS.

(State or country)

MASS.

11 MAIDEN NAME OF MOTHER

JUDITH S. KIMBALL

12 BIRTHPLACE OF MOTHER (city or town)

PORTLAND

(State or country)

ME.

13

Informant

CHARLES COLTON

(Address)

45 Atlantic St.

14

Filed **MAR. 22**, 1924

EWM Glenen
Registrar of city or town where death occurred

Filed **Apr 23**, 1924

Registrar of city or town where deceased resided

15 DATE OF DEATH **MAR. 19**, 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **MAR. 6**, 19**24**, to **MAR. 19**, 1924

that I last saw him alive on **MAR. 19**, 1924

and that death occurred, on the date stated above, at **9.42A.m.**

The CAUSE OF DEATH was as follows:

ARTERIO-SCLEROSIS, GANGRENE LEFT LEG

(duration) yrs. **3** mos. ds.
CONTRIBUTORY **TERMINAL PNEUMONIA**
(SECONDARY)

(duration) yrs. **3** mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? **YES** Date of **MAR. 13, '24**

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **G.A. MAC IVER**, M.D.

(Address)

Date **MAR. 19**, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **EVERETT (WOODLAWN)**

DATE OF BURIAL **MAR. 21**

(Cemetery)

(City or town)

1924

19 UNDERTAKER

J.S. WATERMAN & SONS

ADDRESS

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not generally employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lung, meningis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 89 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsion," "Fetidity" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

carefully supplied. AGE should be stated EXACTLY. In showing 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.

The Commonwealth of Massachusetts

1924,

BOSTON

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State **Massachusetts**

Registered No. **2525**

(Place of death)

City or Town **Boston**

No. **LYING-IN HOSPT.**

Registered No. (Place of residence)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **----FOULKES**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**

City or Town **WINTHROP No. 29 ATLANTIC ST. --St.**

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

15 DATE OF DEATH **MAR. 19** 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from
MAR. 14 19 **24** to **MAR. 19** 1924

that I last saw **HER** alive on **MAR. 19** 1924,
and that death occurred, on the date stated above, at **6.45A** m.

The CAUSE OF DEATH was as follows:

ACUTE PHARYNGITIS

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
5

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

(duration) yrs. mos. ds.

8 BIRTHPLACE (city or town) **BOSTON**

(State or country)

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

9 NAME OF FATHER **-----**

10 BIRTHPLACE OF FATHER (city or town) **-----**

(State or country)

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? **YES**

What test confirmed diagnosis?

(Signed) **A. THURMAN**

M.D.

(Address)

Date **MAR. 19** 1924
(Month) (Day) (Year)

11 MAIDEN NAME OF MOTHER **JESSIE FOULKES**

12 BIRTHPLACE OF MOTHER (city or town) **LIVERPOOL**

(State or country) **ENGLAND**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
EVERETT (GLENWOOD)

DATE OF BURIAL
MAR. 20

(Cemetery) (City or town)

1924

13 Informant **A. THURMAN**

(Address)

14 Filed **MAR. 22**, 1924 **E. W. M. Glenen**
Registrar of city or town where death occurred

Filed **Apr. 22**, 1924
Registrar of city or town where deceased resided

19 UNDERTAKER
J. F. LINEHAN

ADDRESS

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 39, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 39, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on, as *Form of the second statement.* Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lung, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . .* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Meninges (disease causing death), 89 days; Bronchopneumonia (secondary); 10 days.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely synonymistic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-fluxion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

, 19

to

, 19

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

, M.D.

(Address)

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Official
position

Health Officer

Date of
issue

of permit

7/22/12

Permit

No.

705

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Nestles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Nestles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Colicapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

20 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Alice M. Hale

6 AGE

Years

Months

Days

If LESS than

71

1

3

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Newburyport
Mass9 NAME OF
FATHER

Charles Hale

10 BIRTHPLACE OF
FATHER (City)

(State or country)

unath

to obtain

11 MAIDEN NAME
OF MOTHER

May Huse

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

unath to

obtain

13

Informant

(Address)

Alice M. Hale (wife)
203 River Road Winthrop

14

Filed

(Month) (Day) (Year)

Mar. 31, 1924

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

H. P. Danahy

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Mar 17

1924

to Mar 21

1924

that I last saw him alive on Mar 21

and that death occurred, on the date stated above, at 12:20 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

Cerebral Hemorrhage - pneumonia left 47 yrs

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Richard T. Tinkley

M.D.

(Address)

114 Pleasant St

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Newton

(Cemetery)

Newton

(City or town)

DATE OF BURIAL

Mar 23/24

19 UNDERTAKER

C R Beaumont

ADDRESS

Winthrop

Official

Health Officer

Date of
issue

3. 22. 24

Permit

No. 40

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Issued by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphentria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Winthrop
(City or town)

1 PLACE OF DEATH

County *Suffolk* State *Mass* Registered No. _____
City or Town *Winthrop* No. *143 Somerset Ave* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Emma Walden Hubbell
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *143 Somerset Ave* St. *Winthrop* Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred *10* years _____ months _____ days _____
How long in U. S., if of foreign birth? _____ years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *William. Hubbell*

6 AGE Years *43* Months *5* Days *15* If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at Home*

(b) Name of employer *Home Wife*

8 BIRTHPLACE (City)

Cleveland Ohio
(State or country)

9 NAME OF FATHER

Howard. D Cook

10 BIRTHPLACE OF FATHER (City)

New York City - N.Y.
(State or country)

11 MAIDEN NAME OF MOTHER

Emily. Grove

12 BIRTHPLACE OF MOTHER (City)

Cookstown N.Y.
(State or country)

13

Informant *Husband. William Hubbell*
(Address) *146 Somerset Ave Winthrop*

14

Filed *Mar 31, 1924*
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by

H. C. Danieley

Official position

Health Officer

21 Date of issue

3/24/24

Permit No.

702

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Mar - 21 - 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

asphyxiation by illuminating gas Suicidal

Found dead in her own kitchen

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) *Amey. S. Sibley* M.D.

(Address) *46 Cornhill*

Medical Examiner for *Suffolk*

Date *Mar - 21 - 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL

Mar 24/24
(Month) (Day) (Year)

19 UNDERTAKER

C. R. Bennett

ADDRESS

Winthrop

MARGIN RESERVED FOR INDEXING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Mar. 21, 1924

Miss W. H. Hubbell

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No.

74 Atlantic

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John A. Pratt

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

74 Atlantic

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

10 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

20

Months

11

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

New Eng. Tel. & Tel. Co.

8 BIRTHPLACE (City)

(State or country)

Boston Mass

9 NAME OF
FATHER

Wallace A. Pratt

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Chelsea Mass

11 MAIDEN NAME
OF MOTHER

Catherine H. Keleher

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Boston Mass

13

Informant

(Address)

Wallace A. Pratt
74 Atlantic St. Winthrop

14

Filed

(Month) (Day) (Year)

Mar. 31, 1924

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory
standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March

22, 1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 19, 1924 to March 22, 1924

that I last saw him alive on March 22, 1924

and that death occurred, on the date stated above, at 5:30 P. M.

The CAUSE OF DEATH was as follows:

Lobar pneumonia.

(duration) ____ yrs. ____ mos. 4 ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Edmund J. Moran

M. D.

(Address)

664 Bennington St. Boston

Date

March 24, 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Winthrop Cemetery

(City or town)

March 24/24

19 UNDERTAKER

ADDRESS

Joseph D. Keely

Charlestown

Official
position

Seattle Office

Date of
issue
of permit

3/26/24

Permit
NO.

723

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not genuinely employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Disphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin, "Cancer" is less desirable; avoid use of "Tumor" for malignant neoplasms); *Malaria*, *Whooping cough*, *Chronic nodular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

25 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Louise M. Grundy

6 AGE

Years

Months

Days

If LESS than

64

6

15

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Mason

Self

8 BIRTHPLACE (City)

(State or country)

Ireland

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

Richard Grundy

Ireland

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Unable to obtain

13

Informant

(Address)

Wife (Louise M. Grundy)
294 Revere St. Winthrop

14

Filed

(Month) (Day) (Year)

Mar 31, 1924 Bessie L. Lodge

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Danahy

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March

27

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept 24

1923

to Mar 27

1924

that I last saw him alive on March 26, 1924

and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration)

yrs.

mos.

3 ds.

CONTRIBUTORY
(SECONDARY)

Arthur Selmon

(duration)

2 yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Personal Observation

(Signed)

Raymond B. Parker, M.D.

(Address)

Winthrop

Date

March

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop
(Cemetery)Winthrop
(City or town)

DATE OF BURIAL

Mar 29, 1924

19 UNDERTAKER

C. R. Benson

ADDRESS

Winthrop

Official

position Health Officer

Date of
issue

3/29/24

Permit

No. 705

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (c) *Spinner*, (d) *Cotton mill*, (e) *Salesman*, (f) *Grocery*, (g) *Foreman*, (h) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths suppressible due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

1924,

BOSTON

(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

City or Town

Boston

No.

MASS. GENL. HOSPT.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

2769

(Place of death)

Registered No.

(Place of residence)

2 FULL NAME

LENA I. PIERCE

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

WINTHROP No. 17 CIRCUIT ROAD

-64

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

MAR.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

DORAS M.

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

55

7

15

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

HOUSEWIFE

(b) Name of employer

8 BIRTHPLACE (city or town)

ASHFIELD

(State or country)

Mass

9 NAME OF
FATHER

JAMES A. WILDE

10 BIRTHPLACE OF
FATHER (city or town)

ASHFIELD

(State or country)

Mass

11 MAIDEN NAME
OF MOTHER

SOPHIA -----

12 BIRTHPLACE OF
MOTHER (city or town)

ASHFIELD

(State or country)

Mass.

13

HUSBAND

Informant

(Address)

14

Filed MAR. 31, 19 24

E. W. M. Glenon
Registrar of city or town where death occurred

Filed Apr 22, 19 24

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

MAR. 28

(Month)

(Day)

1924

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

MAR. 25.

19

24

to

MAR. 28

19 24

that I last saw h. ER. alive on

MAR. 28

19 24

and that death occurred, on the date stated above, at 1.26 AM.

The CAUSE OF DEATH was as follows:

LOBAR PNEUMONIA

(duration)

yrs.

mos.

10

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

C. E. WELLS

, M.D.

(Address)

Date

MAR.

28

(Month)

(Day)

(Year)

1924

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WINTHROP (WINTHROP CEM)

(Cemetery)

(City or town)

DATE OF BURIAL

MAR. 30

19 24

19 UNDERTAKER

C. R. BENNISON

ADDRESS

WINTHROP

carefully supplied. AGE should be stated EXACTLY. SIGNATURES should state EXACTLY. IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*; *Carcinoma, Sarcoma, etc.*, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic ratular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da; Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebidity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committees on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston - Winthrop, 51 Sargent Street

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jennie Rose.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

51 Sargent Street Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

female white single.

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

62

9

12

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

none

(b) Name of employer

8 BIRTHPLACE (City)

Lyndeboro N.H.

(State or country)

9 NAME OF
FATHER

George Rose.

10 BIRTHPLACE OF
FATHER (City)

Lyndeboro N.H.

(State or country)

11 MAIDEN NAME
OF MOTHER

Hattie M. Goldthwait

12 BIRTHPLACE OF
MOTHER (City)

unknown

(State or country)

13

Informant

L.R. Leach

(Address)

51 Sargent St.

14

Filed

(Month) (Day) (Year)

Apr. 5 1924 Bessie L. Lodge

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H.C. Daniels

15 DATE OF DEATH

Mar 30 1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 27, 1924, to March 30, 1924,

that I last saw her alive on March 27, 1924,

and that death occurred, on the date stated above, at 6 P.m.

The CAUSE OF DEATH was as follows:

Carcinoma Uteri

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY

(SECONDARY)

(duration) — yrs. — mos. — ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? No Date of

Was there an autopsy?

If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis?

Clinical

(Signed)

Oswald E. Johnson, M.D.

(Address)

Date

123 Winthrop St.
March 31 1924 Winthrop

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

So. Lyndeboro N.H.

(Cemetery)

(City or town)

DATE OF BURIAL

April - 2

19 UNDERTAKER

J. S. Staterman & Son

ADDRESS

Boston

Official
position

Health Officer

Date of
issue
of permit

3/31/24

Permit
NO.

706

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

City or Town

Suffolk
Winthrop

State

Mass.
Bellevue Ave.

Registered No.

St.

Ward

No. 27
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Patricia Post
27 Bellevue Ave.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

1 year 10 months 28 days

How long in U. S., if of foreign birth?

years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female White

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

1

10

28

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Boston
Mass.

9 NAME OF
FATHER

Charles F. Post

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Pittsburg
Penn.

11 MAIDEN NAME
OF MOTHER

Isabel Baker

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Homestead
Penn.

13

Informant

(Address)

Charles F. Post
27 Bellevue Ave.

14

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Apr. 1

1924

16

I HEREBY CERTIFY, That I attended deceased from

Mar 29, 1924, to Apr 1, 1924
that I last saw him alive on April 1, 1924

and that death occurred, on the date stated above, at 10 A. M.

The CAUSE OF DEATH was as follows:

Acidosis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Home

Did an operation precede death?

No

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

Edward J. Grainger, M.D.

(Address)

7 Oliver St.

Date

Apr. 2, 1924

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop
(Cemetery)

Winthrop
(City or town)

DATE OF BURIAL

April 3, 1924

19 UNDERTAKER

Charles P. Benison

ADDRESS

Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

H. C. Daniels

Official position

Health Officer

Date of issue of permit

4/3/24

Permit No.

707

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No. 218 Court Rd St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

16 years

X months

X days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

27

X

5

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

At Home

Home work

8 BIRTHPLACE (City)

(State or country)

Wentworth
Hull Mass9 NAME OF
FATHER

Hans Edward Olsen

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Sweden

11 MAIDEN NAME
OF MOTHER

Nelle Elizabeth Nelson

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Boston
Mass

13

Informant

(Address)

Hans E. Olsen
38 Greendale St Quincy Mass

14

Filed

(Month) (Day) (Year)

April 17 1924

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April

2

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

many years, to

19

that I last saw him alive on April 12, 1924,

and that death occurred, on the date stated above, at 4:10 A. m.

The CAUSE OF DEATH was as follows:

myasthenia gravis

(duration) 6 yrs. + mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed)

Harry E. Polhemus

M.D.

(Address)

103 Mt Vernon St

Date

April

22

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wentworth

Wentworth

4/4/1924

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

C. R. Demmeri,

Wentworth

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. P. Savelle

Official

position

Health Officer

Date of

issue

of permit

4/3/24

Permit

No.

709

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Leocomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "umor" for malignant neoplasms); *Menses*; *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death, 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, mis-carriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

WHILE LIVING, WITH OBTAINING CERTIFICATE OF DEATH. 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 and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

13

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed or divorced

HUSBAND of (or) WIFE of

Estelle Ayers

6 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

20

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retail Merchant

(b) Name of employer

Market Man

8 BIRTHPLACE (City)

(State or country)

Manchester

Mass

9 NAME OF FATHER

Samuel Ayers

10 BIRTHPLACE OF FATHER (City)

(State or country)

Manchester

Mass

11 MAIDEN NAME OF MOTHER

Eliza Allen

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Manchester

Mass

13

Informant

Mrs. Estelle Ayers

(Address)

150 Hermon St. Wentworth

14

Filed

July 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

F. C. Danvers

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April

2

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1924, to April 2, 1924

that I last saw him alive on March 3, 1924

and that death occurred, on the date stated above, at 10.30 P. M.

The CAUSE OF DEATH was as follows:

Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Arterio-sclerosis

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. F. Mahoney M. D.

(Address)

396 Wentworth St.

Date

April 3

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

Wentworth

(City or town)

DATE OF BURIAL

April 7, 1924

19 UNDERTAKER

E. R. Benson

ADDRESS

Wentworth

Official position

Wentworth

Date of issue

April 13, 1924

of permit

Permit NO.

708

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphentria* (avoid use of "Cramp"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Cervicoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *28 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Dyemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-301
WHILE LIVING, WITH OWNERSHIP RECORDS TO BE MAINTAINED IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No.

96

Main

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Herbert Roy Sipp

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

96 Main

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a If married, widowed or divorced

HUSBAND of

Claire Margaret Sipp

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

49

6

6

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Lumber salesman

(b) Name of employer

B. L. Tim Lumber Co

8 BIRTHPLACE (City)

(State or country)

Athenia

New Jersey

9 NAME OF FATHER

John Sipp

10 BIRTHPLACE OF FATHER (City)

(State or country)

Athenia

New Jersey

11 MAIDEN NAME OF MOTHER

Josephine Campbell

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Unable to obtain.

13

Informant

(Address)

Claire Margaret Sipp

96 Main Street

14

Filed

Apr 12, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

J. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

4 (Month)

3 (Day)

24 (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 1, 1924, to April 9, 1924,

that I last saw him alive on April 9, 1924,

and that death occurred, on the date stated above, at 5:10 P. M.

The CAUSE OF DEATH was as follows:

Anterior Sclerosis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTOR (SECONDARY)

Interstitial Nephritis

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

J. J. Appleby M. D.

(Address)

250 Pleasant St

Date

4 (Month)

4 (Day)

24 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Ridgeway

(Cemetery)

W. F. W. F.

(City or town)

DATE OF BURIAL

4/1/24

19 UNDERTAKER

Charles P. Benison

ADDRESS

Winthrop

Official position Health Officer

Date of issue

5-2-24

Permit NO.

710

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original indentment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemias), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Tewksbury

(City or town)

1 PLACE OF DEATH

County Middlesex

State Massachusetts

City or Town Tewksbury

No. State Infirmary

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Young

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Winthrop

City or Town

No.

St.

(Usual place of abode)

Length of residence in city or town where death occurred 1 years 5 months -- days

How long in U. S., if of foreign birth? 63/4 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Not learned

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

69

--

28

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Carpenter

(b) Name of employer

8 BIRTHPLACE (city or town) Not learned

(State or country)

Nova Scotia

9 NAME OF FATHER

James W. Young

10 BIRTHPLACE OF FATHER (city or town)

Ludenberg

(State or country)

Nova Scotia

11 MAIDEN NAME OF MOTHER

Christina Ross

12 BIRTHPLACE OF MOTHER (city or town)

Not learned

(State or country)

Scotland

15 DATE OF DEATH

April

3

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

November 3, 1922, to April 3, 1924

that I last saw him alive on April 3, 1924

and that death occurred, on the date stated above, at 11:30a.m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? No

What test confirmed diagnosis? Examinations

(Signed) Charles L. Trickey, M.D.

(Address) State Infirmary, Tewksbury

Date April 4, 1924 Mass.

13 Informant Hospital records

(Address)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wyoming, Melrose

(Cemetery)

(City or town)

DATE OF BURIAL

Apr. 7 1924

19 UNDERTAKER

ADDRESS

Frank E. Brown

E. Boston

14 Filed May 15, 1924 Registrar of city or town where death occurred

Filed May 15, 1924 Registrar of city or town where deceased resided

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, and back of certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composition, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill*; (a) *Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lung*, *meninges, peritonium*, etc.; *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*, *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 83, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

1162

City or Town

Boston

No.

122 Main Street

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William E. Donovan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

122 Main Street

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

10 years

months

days.

How long in U. S., if of foreign birth?

50

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Gertrude Baldwin

6 AGE

Years

Months

Days

If LESS than

About 50 years

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Salesman

(b) Name of employer

8 BIRTHPLACE (City)

East Boston,

(State or country)

Mass.

9 NAME OF
FATHER

Timothy Donovan

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Annie O'Donnell

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

13

Informant

Timothy Donovan

(Address)

122 Main Street

14

Filed

Apr 12, 1924

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April

9

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 7, 1924, to April 9, 1924

that I last saw him alive on April 8, 1924

and that death occurred, on the date stated above, at 4:45 A. M.

The CAUSE OF DEATH was as follows:

Chronic parenchymatous
nephritis

(duration)..... yrs..... mos..... ds.

CONTRIBUTORY

(SECONDARY)

(duration)..... yrs..... mos..... ds.

17 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

(Address)

Date

April 10

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross, Boston

(Cemetery)

(City or town)

DATE OF BURIAL

4/11/24.

19 UNDERTAKER

Charles E. Winthrop

ADDRESS

254 Main Street
WinthropOfficial
position

Health Officer

Date of
issue

of permit

4/11/24

Permit
No.

711

when the name of the deceased is not known, the name of the informant should be given. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archdeacon, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died! . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate, required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St. 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male.

Married.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Ellie Omanda Rymer

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

84

1

2

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Retired

8 BIRTHPLACE (City)

(State or country)

Exeter N.H.

9 NAME OF
FATHER

Christopher Rymer

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Not Known

11 MAIDEN NAME
OF MOTHER

Lois Jean.

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Not Known

13

Informant

(Address)

William Leonard Rymer
11 Moore St Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedH. C. L. Smith
4.2.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

18

(Day)

1924

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb. 14, 1924, to Apr. 13, 1924

that I last saw him alive on Apr. 11, 1924.

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH was as follows:

arterio-sclerosis

(duration)

yrs.

2

mos.

ds.

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Trauger, M.D.

(Address)

78 North St

Date

Apr. 14

(Month)

(Day)

1924

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Cambridge Cambridge

(Cemetery)

(City or town)

DATE OF BURIAL

Apr 15, 1924

19 UNDERTAKER

Walter T. White

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue

4/15/24

Permit

No. 712

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing heart (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Premea," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscer-riage, necrosis, peritonitis, phibitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

(City or town)

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 10, 1924 to April 15, 1924

that I last saw her alive on April 15, 1924

and that death occurred, on the date stated above, at 9:15 a.m.

The CAUSE OF DEATH was as follows:

acute articular
rheumatism

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

S. G. Dickinson M. D.

(Address)

South of Mass.
Date April 16, 1924.

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Official
position

Health Officer

Date of
issue
of permit

4/17/24

Permit
NO.

713

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Julia J.

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

56

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Electrician

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Boston
Mass9 NAME OF
FATHER

James Mooney

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Maine

11 MAIDEN NAME
OF MOTHER

Catherine King

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Nova Scotia

13

Informant

(Address)

L. Mooney

54 Buchanan St.

14

Filed

(Month) (Day) (Year)

5 6 24

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

A. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April

16

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 10, 1924, to April 16, 1924,

that I last saw him alive on April 15, 1924,

and that death occurred, on the date stated above, at 3:30 am.

The CAUSE OF DEATH was as follows:

myocarditis

(duration) ____ yrs. ____ mos. 7 ds.

CONTRIBUTORY

(SECONDARY)

Acute indigestion

(duration) ____ yrs. ____ mos. 4 ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Edward J. Trainger

M. D.

(Address)

7. Brown St.

Date

Apr. 16 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

4/18/24

19 UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue

4/11/24

Permit
NO.

714

PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not faintly employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name or origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric Whooping cough*, *Chronic nodular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," etc., "Anemia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County Suffolk

State MASSACHUSETTS.

Registered No. _____

Township _____

or Village _____

or

City Winthrop

No. Station Hospital, Fort Banks, Mass. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick F. Wynn

(a) Residence. No. 10 Bartlett St., Naverhill, Mass. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 29, 1887.

7 AGE

Years

Months

Days

If LESS than
1 day, --- hrs.
or --- min.

37

6

3

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Soldier

(b) General nature of industry,
business, or establishment in
which employed (or employer)

U. S. Army

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Lawrence
Mass.

10 NAME OF FATHER

John Wynn

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Lawrence
Mass.

12 MAIDEN NAME OF MOTHER

Julia O'Toole

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Clinton
Mass.

14

Informant

(Address) John H. Wynn
16 Russell St., Cambridge, Mass.

15

Filed May 6, 1927

REGISTRAR

11-3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22, 1924

17

I HEREBY CERTIFY, That I attended deceased from

April 21, 1924, to April 22, 1924.

that I last saw him alive on April 22, 1924.

and that death occurred, on the date stated above, at 3:00 A. M.

The CAUSE OF DEATH* was as follows:

Central embolism produced
by methyl alcohol poisoning

(duration) --- yrs. --- mos. 2 ds.

CONTRIBUTORY
(SECONDARY)

(duration) --- yrs. --- mos. --- ds.

18 Where was disease contracted
if not at place of death? Fort Banks, Mass.

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? Not completed

(Signed) Arthur M. Muzzey, M. D.

4/22/1924 (Address) Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or
HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Interment in Cemetery - Lawrence
to Lawrence

April 22, 1924

20 UNDERTAKER

ADDRESS

C. R. Thompson
Health Officer

100 Main St.
4/23/24 719

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of a household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of _____ (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia?" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility?" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Infantile," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, suicidal, or homicidal, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH *Suffolk* County *MASSACHUSETTS* State Registered No. _____
Township _____ or Village _____ or
City *Winthrop* No. *Station Hospital Fort Banks Mass.* Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Henry O. Dion*
(a) Residence. No. *R. 38 Naumkeag* St. *Salmon, Mass.*
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. *31* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *W* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) *March 28-1902*

7 AGE Years Months Days IF LESS than 1 day, --- hrs. or --- min.
22 0 26

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Soldier, U. S. Army*

(b) General nature of industry, business, or establishment in which employed (or employer) *Medical Department*

(c) Name of employer

9 BIRTHPLACE (city or town) *Salem, Mass.*
(State or country)

10 NAME OF FATHER *Alfred Dion*

11 BIRTHPLACE OF FATHER (city or town) *St. Mary, Quebec, Canada.*
(State or country)

12 MAIDEN NAME OF MOTHER *Harila Roy*

13 BIRTHPLACE OF MOTHER (city or town) *St. Mary, Quebec, Canada*
(State or country)

14 Informant *Alfred J. Dion*
(Address) # *38 Naumkeag St. Salmon, Mass.*

15 Filed *5/6/24*, 19 _____ REGISTRAR
11-3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *April 23 1924*

17 I HEREBY CERTIFY, That I attended deceased from *March 24, 1924*, to *April 23, 1924*,
that I last saw him alive on *April 23, 1924*,
and that death occurred, on the date stated above, at *3 P.M.*

The CAUSE OF DEATH* was as follows:
Brain tumor (probably glioma)

(duration) ----- yrs. ----- mos. ----- ds.

CONTRIBUTORY (SECONDARY) (duration) ----- yrs. ----- mos. ----- ds.

18 Where was disease contracted (duration) ----- yrs. ----- mos. ----- ds.
if not at place of death? *unknown*

Did an operation precede death? *no* Date of _____

Was there an autopsy? *yes*
What test confirmed diagnosis? *Pathological examination under way*

(Signed) *Dr. Greenwell May, M.D.*
23 1924 (Address) *Fort Banks, Mass.*

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Removal to Salem Mass *April 26 1924*

20 UNDERTAKER ADDRESS
C. R. Benson *Winthrop*
Health Officer *4/25/24*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

(City or town)

City or Town

Winthrop

No.

44, Pleasant St

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sarah Shannon

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

44 Pleasant St

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

20 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

5a If married, widowed or divorced
HUSBAND of
WIFE of

William Henry Shannon

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

94

4

20

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) Name of employer

Retired Housewife

8 BIRTHPLACE (City)

London

(State or country)

England

9 NAME OF
FATHER

William Watts

10 BIRTHPLACE OF
FATHER (City)

Wales

(State or country)

11 MAIDEN NAME
OF MOTHER

Sarah Mackey

12 BIRTHPLACE OF
MOTHER (City)

Wales

(State or country)

13

Informant

(Address)

Daughter, Mrs. Mary E. Roberts
44 Pleasant St. Winthrop

14

Filed

Apr. 28 '24 Bessie S. Lodge

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April 24 1924
(Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 15, 1924, to April 24, 1924

that I last saw him alive on April 23, 1924

and that death occurred, on the date stated above, at 107 m.

The CAUSE OF DEATH was as follows:

Arterio-sclerosis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

C. J. Maloney, M. D.

(Address)

356 Winthrop St.

Date

April 26 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Graveside Home, Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

April 27, 1924

19 UNDERTAKER

Walter T. White, Winthrop

ADDRESS

Official position

Health Officer

Date of
issue of
permitApril 27, 1924 Permit
NO. 718

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—God mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis*, etc., *Carcinoma, Sarcoma*, etc., of (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms; *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtema," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipels, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

1 PLACE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSCounty Suffolk

STANDARD CERTIFICATE OF DEATH

Township _____

State of Massachusetts

or

Registered No. _____

Village _____

or

City Winthrop(No. U.S. Army Hospital, Fort Banks St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Helen Littlefield

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Single

Female

White

6 DATE OF BIRTH

April 26, 1924
(Month) (Day) (Year)

7 AGE

_____ yrs. _____ mos. 14 ds. or _____ min. ?If LESS than
1 day, _____ hrs.
or _____ min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work. none(b) General nature of industry, business, or establishment in which employed (or employer) none9 BIRTHPLACE
(State or country)Massachusetts

PARENTS

10 NAME OF FATHER

Alton H. Littlefield11 BIRTHPLACE OF FATHER
(State or country)Massachusetts

12 MAIDEN NAME OF MOTHER

May Bronson13 BIRTHPLACE OF MOTHER
(State or country)Massachusetts

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alton H. Littlefield(Address) Camp Devens, Mass.

15

Filed 5/6/24, 191_____

REGISTRAR

16 DATE OF DEATH

April 26, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

April 12, 1924, to April 26, 1924,that I last saw her alive on April 26, 1924,and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Inanition(Duration) _____ yrs. _____ mos. 14 ds.Contributory
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) May W. Fayton, M. D.Apr. 26, 1924 (Address) Winthrop, Mass.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. 14 ds. In the State _____ yrs. _____ mos. 14 ds.Where was disease contracted, If not at place of death? sameFormer or usual residence none

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Loamst Grove, Ipswich Apr. 28, 1924

20 UNDERTAKER

ADDRESS

C. R. Bennisson Winthrop

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *at home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc.; *Uræmia*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Infantion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent

DEATHS state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of unestimable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

X months

X days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 27, 1924, to March 27, 1924

that I last saw him alive on March 27, 1924

and that death occurred, on the date stated above, at 12:40 A.M.

The CAUSE OF DEATH was as follows:

Pulmonary Oedema

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Tracy G. Treason, M. D.

(Address) 218 Main

Date 2 April 1924 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn Cemetery Worcester Mass
(Cemetery) (City or town)

DATE OF BURIAL

April 30 1924

19 UNDERTAKER

C R Robinson

ADDRESS

Worcester

Official
position

Health Officer

Date of
issue
of permit

4 30 24

Permit
NO.

720

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Anemia," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

25 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13 Informant

(Address)

14 Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept 1

1923

to

April 27

1924

that I last saw him alive on

April 24

1924

and that death occurred, on the date stated above, at

2:30

a.m.

The CAUSE OF DEATH was as follows:

Chronic Bronchitis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

Arterio-sclerosis

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Clinical

(Signed)

Owens & Johnson M. D.

(Address)

Winthrop Mass

Date

April

28

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

Forest Hills Cemetery

(City or town)

Boston

DATE OF BURIAL

April 28

19 UNDERTAKER

C R Beunior

ADDRESS

Winthrop

Official position

Health Officer

Date of
issue

4/28/24

Permit

NO.

719

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcinoma, Sarcoma*, etc., of (name origin; "cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases verify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of

Widower
Marquet C. Mann

6 AGE

Years

Months

Days

If LESS than 1 day, ____ hrs. or ____ min.

58

6

22

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

Tea Merchant
Ref

8 BIRTHPLACE (City)

(State or country)

Scotland

9 NAME OF FATHER

William Mann

10 BIRTHPLACE OF FATHER (City)

(State or country)

Scotland

11 MAIDEN NAME OF MOTHER

Catherine McLean

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Scotland

13

Informant

(Address)

Miss Susan. Mann

21 Loring Rd. Waltham

14

Filed

May 6, 1924

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

F. P. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April

28

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb 18, 1924, to April 28, 1924,

that I last saw him alive on *April 27, 1924,*

and that death occurred, on the date stated above, at *7 A* m.

The CAUSE OF DEATH was as follows:

Cerebral sclerosis

(duration) ____ yrs. *6* mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

Cerebral hemorrhage

(duration) ____ yrs. *2* mos. ____ ds.

17 Where was disease contracted if not at place of death?

at home.

Did an operation precede death? *no*

Date of *✓*

Was there an autopsy? *no*

What test confirmed diagnosis?

Pneumal Observation

(Signed)

Raymond B Parker

M. D.

(Address)

148 Wentworth St

Date

April

30

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Andrew

Cambridge

(Cemetery)

(City or town)

DATE OF BURIAL

April 28

19 UNDERTAKER

C. R. Dunning

ADDRESS

148
Wentworth

Official position

Health Officer

Date of issue

4-30-24

of permit

Permit NO.

72

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc. *Carcinoma, Sarcoma*, etc. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d day, Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Danvers

(City or town)

1 PLACE OF DEATH

County

Essex

State

Mass.

City or Town

Danvers
John Havlin

Danvers State Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

(Place of death)

Registered No.

(Place of residence)

St. Ward

2 FULL NAME

(a) Residence. State

Mass.

(Usual place of abode)

i

11

City or Town

Winthrop

No.

St.

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Annie I. Hayes

6 AGE

73

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

none

(b) Name of employer

St. John's

8 BIRTHPLACE (city or town)

New Brunswick

(State or country)

9 NAME OF
FATHER

John Havlin

10 BIRTHPLACE OF
FATHER (city or town)

New Brunswick

(State or country)

11 MAIDEN NAME
OF MOTHER

Mary Garrety

12 BIRTHPLACE OF
MOTHER (city or town)

New Brunswick

(State or country)

13

Informant

Clare Powers,

(Address)

Hathorne

14

Filed

5/3/24

Registrar of city or town where death occurred

Filed

May 10, 1924

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Apr. 30, 1924.

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 19, 1922 to April 30, 1924

that I last saw him alive on April 30, 1924

and that death occurred, on the date stated above, at 12:15 A.M.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)Chr. myocarditis
chr. nephritis

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no yes

What test confirmed diagnosis?

(Signed) I. Green

M.D.

(Address) Hathorne

Date May 2, 1924.

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Harmony Grove Salem

5/2/24.

19

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

W. H. Crosby

Danvers

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence, — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc.; when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, moniliasis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Winthrop.
(City or town)

1 PLACE OF DEATH

County Suffolk, ? State Mass., Registered No. _____
City or Town Winthrop ? (Found in lot on Wilshire Street) St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME UNKNOWN MALE INFANT, Case No 18,266.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Unknown. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ **4 COLOR OR RACE** _____ **5 SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) _____

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
(Apparently full term.)

If STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) Name of employer _____

8 BIRTHPLACE (City) _____

(State or country) _____

9 NAME OF FATHER _____

10 BIRTHPLACE OF FATHER (City) _____

(State or country) _____

11 MAIDEN NAME OF MOTHER _____

12 BIRTHPLACE OF MOTHER (City) _____

(State or country) _____

13

Informant _____

(Address) _____

14

Filed May 19, 1924
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by H. B. Daniels

Official position Health Officer

21 Date of issue 4/2/24

Permit No. 737

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April ?, 1924.
(Found Apr. 12, 1924.) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Unknown - possibly unassisted delivery.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) George Burgess Megneth, M.D.

(Address) _____

Medical Examiner for Suffolk County.

Date May 19, 1924.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Winthrop. Winthrop
(Cemetery) (City or town)

DATE OF BURIAL

May 22/24
(Month) (Day) (Year)

19 UNDERTAKER

C. R. Bennett

ADDRESS

Winthrop

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

copy 1920

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

13,322

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Registered No.

City or Town

Fort Banks

Station Hospital

Mar. Winthrop

St.

Ward

(If death occurred in hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edward J. Barsky

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

20 Tremont St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

20

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Soldier

(b) Name of employer

U. S. Army

8 BIRTHPLACE (City)

(State or country)

Russia

9 NAME OF
FATHER

Shas. Barsky

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

11 MAIDEN NAME
OF MOTHER

Bertha Goldstein

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

13

Informant

Louis Barsky

(Address)

18 Dwight St. Boston

14

Filed

(Month) (Day) (Year)

5/6/24

REGISTRAR

20 Burial permit
issued by

M. H. Smith

Official
position

Health office

21 Date of
issue

May 31

Permit
No.

722

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

2

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:Bullet wound of the
abdomen, perforating, with
associated shock.Circumstances accidental
as determined by Military Board
of Investigation

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

Fort Rivers, Hull

(Signed)

George Eugene Mayhew

, M.D.

(Address)

Medical Examiner for

Suffolk

Date

May

2

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Son of Benjamin - West Roxbury

(Cemetery)

(City or town)

DATE OF BURIAL

May 4/24

(Month) (Day) (Year)

19 UNDERTAKER

C. R. Brannon

ADDRESS

Winthrop

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

may 2, 1924

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk State Mass Registered No. Winthrop
(City or town)
City or Town Winthrop No. 165 Woodside ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Andrew Milton - Smith
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 165 Woodside ave St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 2 years X months X days. How long in U. S., if of foreign birth? years months days
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5a If married, widowed or divorced HUSBAND of now Valeria Tourle (or) WIFE of

6 AGE Years 73 Months 5 Days 6 If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired (b) Name of employer

8 BIRTHPLACE (City) Bridgeton (State or country) me

9 NAME OF FATHER Andrew W. Smith

10 BIRTHPLACE OF FATHER (City) Bridgeton (State or country) me

11 MAIDEN NAME OF MOTHER Jane Emery

12 BIRTHPLACE OF MOTHER (City) Bridgeton (State or country) me

13 Informant Chas. Smith (Address) 165 Woodside ave Winthrop

14 Filed May 15, 1924 Bessie L. Lodge REGISTRAR
(Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 5 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 18, 1924, to May 5, 1924, that I last saw him alive on May 5, 1924, and that death occurred, on the date stated above, at 3.30 P. m. The CAUSE OF DEATH was as follows:
Chronic Parenchymatous Nephritis

(duration) yrs. mos. ds.
CONTRIBUTORY myocarditis (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? 76 Date of

Was there an autopsy? 76

What test confirmed diagnosis? urin. analysis Physical examination
(Signed) Ellie H. Saunders M. D.

(Address) 32 Woodside Park Winthrop
Date 7 May 6 1924 Mass
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Me. DATE OF BURIAL May 8/24
Greenwood Bridgeton
(Cemetery) (City or town)

19 UNDERTAKER C. R. Benson ADDRESS Winthrop

Official position, Health Officer Date of issue of permit 5/6/24 Permit No. 723

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonitis*, etc., *Carcinoma, Sarcoma*, etc. of (name origin in "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da; Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
-BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Boston - Winthrop

No.

29 Tewksbury Street

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Flavia Clapp

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

29 Tewksbury St. Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

5

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single.

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

46

10

20

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

Bookkeeper.

8 BIRTHPLACE (City)

Boston Mass

(State or country)

9 NAME OF FATHER

Stephen B. Clapp

10 BIRTHPLACE OF FATHER (City)

Dorchester Mass

(State or country)

11 MAIDEN NAME OF MOTHER

Lucy Capen

12 BIRTHPLACE OF MOTHER (City)

Fair Haven Vt.

(State or country)

13

Informant

Mrs. Lucy M. Clapp
29 Tewksbury St.

(Address)

14

Filed

May 15, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May 7 1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 1st, 1924, to May 7, 1924
that I last saw her alive on May 7, 1924

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY (SECONDARY)

Chronic Infection

(duration) 10 yrs. ____ mos. ____ ds

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? _____ Date of _____

If Under One Year, Was Baby Breast Fed

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

[Signature]

M. D.

(Address)

20 Crescent St.

Date

May 8 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Cedar Grove.

(Cemetery)

City or town

DATE OF BURIAL

May 10-1924

19 UNDERTAKER

J. S. Sturtevant

ADDRESS

Boston

Official position

Health Officer

Date of issue of permit

5/9/24

Permit No.

724

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Springer*, (b) *Cotton mill*: (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *Note*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information as which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County

Suffolk

State

Registered No.

City or Town

Wentworth

No.

265 Court Road

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Bessie M. Daggett

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Wentworth, 265 Court Road

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

28

years

X

months

X

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Frederick J. Daggett

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

52

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

Yamousette

(State or country)

N. S.

9 NAME OF

Emily Hannah Haley

10 BIRTHPLACE OF
FATHER (City)

Cheboy

(State or country)

N. S.

11 NAME OF
MOTHER

Robert L. Simmons

12 BIRTHPLACE OF
MOTHER (City)

Yamousette

(State or country)

N. S.

13

Informant

F. J. Daggett

(Address)

265 Court Rd. Wentworth

14

Filed

May 15 1924

(Month) (Day) (Year)

REGISTRAR

20 Burial permit
issued by

H. C. S. Smith

Official
position

Health Officer

21 Date of
issue

5/9/24

Permit
No.

725

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

7

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:

Natural Causes:

Heart in failure -
secondary cardio-vascular
disease.

(Found dead in bed)

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

J. J. Gayer, M.D.

(Address)

Medical Examiner for

Suffolk

Date

May 7

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Wentworth

(Cemetery)

Wentworth

(City or town)

DATE OF BURIAL

5/9/24

(Month) (Day) (Year)

19 UNDERTAKER

C. R. Fenner

ADDRESS

Wentworth

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .

— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided.** If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Received M. Daggett
May 7, 1924

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

3-4, 1924, to 5-8, 1924

that I last saw him alive on 5-7, 1924

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) 3 yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Official position

Health Officer

Date of issue of permit

May 9, 1924

Permit No.

726

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc.; *Carcinoma*, *Sarcoma*, etc.; of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 4248
(Place of death) (Place of residence)
City or Town Boston No. CITY HOSPT. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

HUGH DOHERTY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. WINTHROP, MASS.St. Ward

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MAR.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

HELEN

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
61

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

MEAT CUTTER

(b) Name of employer

8 BIRTHPLACE (city or town) ST. JOHN
(State or country) N.B.

9 NAME OF FATHER -----DOHERTY

10 BIRTHPLACE OF FATHER (city or town) ST. JOHN. N.B.
(State or country)

11 MAIDEN NAME OF MOTHER ALICE MURRAY

12 BIRTHPLACE OF MOTHER (city or town) ST. JOHN
(State or country) N.B.

13 Informant MRS. DOHERTY
(Address) SOMERVILLE

14 Filed MAY 13 19 2 E.W.M. Glenew
Registrar of city or town where death occurred

Filed 7/1/24, 19 2
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAY 8 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

ACUTE DILATATION OF HEART
(ALCOHOLISM)

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) TIMOTHY LEARY, M.D.(Address) BOSTONMedical Examiner for SUFFOLK CO.

Date MAY 8 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

MT. BENEDICT

DATE OF BURIAL

(Month) (Day) (Year) MAY 12

19 UNDERTAKER

J.S. WATERMAN & SONS

ADDRESS

Boston

20 Burial permit issued by

Official position

21 Date of issue

1924

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St., Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

George M. Parents

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

87

6

29.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

At Home.

8 BIRTHPLACE (City)

(State or country)

Canada.

9 NAME OF
FATHER

Richard H. Walker.

10 BIRTHPLACE OF
FATHER (City)

(State or country)

England.

11 MAIDEN NAME
OF MOTHER

Judith Heath

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Stamstead
Mass.

13

Informant

(Address)

Mrs. Christian
Mermaid Ave.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. L. and

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

9

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 7

1924

to May 9

1924

that I last saw her alive on May 8

1924

and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration)

yrs.

mos.

2 ds.

CONTRIBUTORY

(SECONDARY)

Arterio Sclerosis

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edw. J. Franzen

M. D.

(Address)

75 Main St.

Date

May

9

1924.

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt Hope

(Cemetery)

Boston

(City or town)

DATE OF BURIAL

5/14/24

19 UNDERTAKER

John F. Omer

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue

15. 2/2

Permit
NO.

1728

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d day*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

(City or town)

City or Town

Winthrop

No.

Winthrop Community Hospital St., 1 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Friberg

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

76A First Ave - 1

St., 1 Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, 6 hrs.
or — min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Winthrop
Mass9 NAME OF
FATHER

Melvin Friberg

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Gloucester
Mass11 MAIDEN NAME
OF MOTHER

Hedera Harrison

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Sweden

13

Informant

Father, Melvin Friberg

(Address)

76A First Ave Revere Mass

14

Filed

May 15, 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. H. H. H. H.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

10

(Day)

1924

(Year)

16

HEREBY CERTIFY, That I attended deceased from

5/8/24, 1924, to 5/9/24, 1924

that I last saw him alive on 5/8/24, 19

and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH was as follows:

Congenital Heart

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

E. H. H. H.

M. D.

(Address)

20 Crescent St

Date

May 10 24
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Glenwood Cem Everett
(Cemetery) (City or town)

DATE OF BURIAL

May 10, 1924

19 UNDERTAKER

Walter T. White

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue
of permit

May 10

Permit
NO.

726

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

13
May 10, 1924
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

10

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 9, 1924, to May 10, 1924,

that I last saw him alive on May 10, 1924

and that death occurred, on the date stated above, at 3 A. M.

The CAUSE OF DEATH was as follows:

Heidovis

(duration) ____ yrs. ____ mos. 1 1/2 ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? ____ Date of ____

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Fraumeni

M. D.

(Address)

29 Union St.

Date

May 10

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

May 11, 1924

19 UNDERTAKER

ADDRESS

John F. O'Malley

Winthrop

Official
position

Health Officer

Date of
issue

of permit

5/10/24

Permit
NO.

727

should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *89 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases, resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Brochopneumonitis. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipels, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County _____

State Mass

Registered No. _____

(City or town)

City or Town WinthropNo. 157

St. _____

Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine Boissier

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 157 Grover

St. _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 years _____ months _____ days _____

How long in U. S., if of foreign birth? _____ years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE _____

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) widow5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Frederick Boissier

6 AGE

Years 48Months —Days —If LESS than
1 day, _____ hrs.
or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Ret Home

(b) Name of employer _____

8 BIRTHPLACE (City)

(State or country) Salem Mass9 NAME OF
FATHER Patrick Tracey10 BIRTHPLACE OF
FATHER (City).(State or country) Ireland11 MAIDEN NAME
OF MOTHER Thanna Brown12 BIRTHPLACE OF
MOTHER (City).(State or country) Ireland

13

Informant Mr. John Tracey(Address) 157 Grover

14

Filed _____

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 11 1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug, 1923, to May 11, 1924,that I last saw her alive on May 10, 1924,and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH was as follows:

Chronic Cardio-renal
DiseaseSevere (duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY Ophthalmic Gitter(SECONDARY) Severe

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted
if not at place of death? _____Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Charles E. Johnson, M. D.(Address) 123 Winthrop StDate May 13 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

St Mary's Salem Mass May 15/24

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Francis Conway Salem MassOfficial
position

Health Officer

Date of
issue
of permit5/15/24Permit
NO.73320 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedH. C. DanielsReg.

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*; (b) *Grocery*; (a) *Foreman*; (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc.; "....." (name or origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Necrosis*; *Whooping cough*; *Chronic adnarial disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated, unless important. Example: *Necrosis* (disease causing death), *20 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere (symptomatic) or terminal conditions, such as "Asbemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Imbition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chills, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

Winthrop

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Boston

No.

Community Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2 FULL NAME

Fannie Cohen

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 43 Campbell St.
(Usual place of abode)

St.

Ward.

Revere Mass

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

17 days

How long in U. S., if of foreign birth?

20 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Julius Cohen

6 AGE

35

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at Home

(b) Name of employer

House wife

8 BIRTHPLACE (City)

(State or country)

Russia

9 NAME OF
FATHER

Morris Begun

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

11 MAIDEN NAME
OF MOTHER

Rachel

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

13

Informant

(Address)

Fannie Cohen
43 Campbell St., Revere Mass

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

J. H. Levine

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May
(Month)11
(Day)1924
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 28, 1924, to May 11, 1924,

that I last saw him alive on May 11, 1924,

and that death occurred, on the date stated above, at 6:30 A.M.

The CAUSE OF DEATH was as follows:

Post partum Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Placenta Praevia

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? For WHAT? Date of April 29, 1924

Was there an autopsy?

What test confirmed diagnosis? Consultation

(Signed)

Louis Siegel

, M.D.

(Address)

68 Shirley Ave. Revere

Date

May 11, 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Anshay M. Lett

Noburn Mass
(City or town)

DATE OF BURIAL

May 11, 1924

19 UNDERTAKER

J. H. Levine

ADDRESS

5 South St.
Boston MassOfficial
position

Health Officer

Date of
issue

May 11, 1924

Permit

No. 730

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dobility" ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Winthrop

No.

20 Ocean Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Miriam Shaw

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 20 Ocean Ave
(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

11

20

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

None

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Winthrop Mass

9 NAME OF
FATHER

William L. Shaw

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Dorchester Mass

11 MAIDEN NAME
OF MOTHER

Anna Lewis

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Maine

13

Informant

(Address)

William L. Shaw

20 Ocean Ave

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Danily

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

13

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 11, 1924, to May 13, 1924

that I last saw her alive on May 13, 1924

and that death occurred, on the date stated above, at 4:55 P.M.

The CAUSE OF DEATH was as follows:

Bronchio-pneumonia

(duration)

ys.

mos.

2 ds.

CONTRIBUTORY

(SECONDARY)

(duration)

ys.

mos.

ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Frazer

M.D.

(Address)

7 Irving St.

Date

May

13

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

Holy Cross Malden

(City or town)

DATE OF BURIAL

May 14 24

19 UNDERTAKER

William A. Leonard

58

Official position

Health Officer

Date of issue of permit

5/14/24

Permit

No. 732

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. If for many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archivist, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (c) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

should be 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

~~BOSTON~~

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

No.

Winthrop Community Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Bornstein

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

33 Crescent Ave.

Ward.

Beaumont

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female white

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Winthrop, Mass.

9 NAME OF
FATHER

Hyman Bornstein

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

11 MAIDEN NAME
OF MOTHER

Etta Dilofsky

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

13

Informant

(Address)

H. Bornstein
33 Crescent Ave.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels
J. S.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May 13 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 13 1924, to May 13 1924

that I last saw him alive on , 19 ,

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Stillborn

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Manuel Silbergmann, M.D.
(Address) 5 Beaumont Ave.
Date May 13 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Beth Joseph Cem.

(City or town)

DATE OF BURIAL

May 14 1924

19 UNDERTAKER

Manuel Stanevsky

ADDRESS

Boston

Official

position

Health Officer

Date of
issue

of permit

4/4/24

Permit

No.

73/

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Issued by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, At home, and children, not gainfully employed, as Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . .* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *da.*; *Bronchopneumonia* (secondary), 10 *da.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicemia," "Puerperal, peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths apparently due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

25 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory sta-
dard certificate of death was filed with the
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 30, 1924, to May 16, 1924,

that I last saw him alive on May 16, 1924,

and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

White Church

Weymouth

(Cemetery)

(City or town)

19 UNDERTAKER

C. R. Bennison

DATE OF BURIAL

May 19, 1924

ADDRESS

Weymouth

Official
position

Health Officer

Date of
issue
of permit

5/18/24

Permit
NO.

734

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archivist, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer" "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or incurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *28 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Remia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

BOSTON

(City or town)

I PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Winthrop

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Etta Charlotte Bornstein

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

33 Crescent Ave. St.

Ward.

Beachmont

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

25

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Ryman

6 AGE

39

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) Name of employer

Housewife

8 BIRTHPLACE (City)

(State or country)

Russia

9 NAME OF
FATHER

Aaron Dolofsky

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

11 MAIDEN NAME
OF MOTHER

Goldie Toubeman

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

PARENTS

13

Informant

Ryman Bornstein

(Address)

33 Crescent Ave.

14

Filed

May 24 1924

(Month) (Day) (Year)

Beachmont

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Meharish

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

18

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 13

1924

to May 18

1924

that I last saw her alive on May 18

and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH was as follows:

Acidosis

(duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT? Cirrhosis

Did an operation precede death? Yes Date of May 13/24

Was there an autopsy? No Under One Year, Was Baby Breast Fed

What test confirmed diagnosis? General symptoms

(Signed)

Maurice Silverman M. D.

(Address)

53 Walnut St - Roxbury

Date

May

18

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Grave of Boston Cem.

(Cemetery)

(City or town)

DATE OF BURIAL

May 19/24

19 UNDERTAKER

Maurice Stancheky

ADDRESS

Boston

Official
position

Health Officer

Date of
issue of
permit

May 19, 24

Permit
NO.

730

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

No.

Unitrop Community Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Ward

2 FULL NAME

Caroline A. Campbell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

76 Crest Ave (Unitrop,)

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

6 months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Philip A. Campbell

6 AGE

Years

Months

Days

If LESS than

50

3

2

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Massachusetts

9 NAME OF
FATHER

Daniel Sullivan

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Kathleen Benna

12 BIRTHPLACE OF
MOTHER (City)

England

(State or country)

PARENTS

13

Informant

Mrs Dorothy Campbell

(Address)

76 Crest Ave Unitrop

14

Filed

May 20, 1924

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory
standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

L. J. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

20

(Day)

1924

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 14

1924

to

May 20

1924

that I last saw him alive on

May 19, 1924

and that death occurred, on the date stated above, at

6:17 m.

The CAUSE OF DEATH was as follows:

Uræmia

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

Arterio Sclerosis

17 Where was disease contracted

if not at place of death? FOR WHAT?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Harry A. Kelly

, M.D.

(Address)

200 S. Pleasant

Date

May 20, 1924

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Cemetery (Malden)

(Cemetery)

(City or town)

DATE OF BURIAL

May 22, 1924

19 UNDERTAKER

Lyndon H. Sullivan & Son

ADDRESS

759 South St

Rutland

Official

position Health Officer

Date of

issue 5-20-24

of permit

Permit

No. 736

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationery fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meesles* (disease causing death), *59 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anomia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Morasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 46, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH _____ (City or town)
County _____ State _____ Registered No. _____
City or Town _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Reddy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 44 Haun Court Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE _____ 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

Female White

5a If married, widowed or divorced
HUSBAND of _____
(or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)
(State or country)

Wintthrop
Mass.

9 NAME OF FATHER

Daniel J. Reddy

10 BIRTHPLACE OF FATHER (City)
(State or country)

Manchester
N.H.

11 MAIDEN NAME OF MOTHER

Alice M. Rowe

12 BIRTHPLACE OF MOTHER (City)
(State or country)

Worcester
Mass.

13

Informant _____
(Address) _____

B. J. Reddy
44 Haun Court

14

Filed _____
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 21 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 21, 1924, to _____, 19____,

that I last saw him _____ alive on _____, 19____,

and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH was as follows:

Still Born -

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(SECONDARY)

_____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Frainger M. D.

(Address)

7 Irving St.

Date

May 21 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

St. Vincent's Cemetery
(Cemetery) (City or town)

5/23/24

19 UNDERTAKER

ADDRESS

John H. C. Kane
Wintthrop

Official position Health Officer

Date of issue

5/12/24

Permit NO.

738

PARENTS

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, home, who are engaged in the duties of the household only (not paid wife, *Housework*, or *At home*, and children, not gainfully employed, *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, *first*, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia."); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mastitis*; *Widespread cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mastitis* (disease causing death), 28 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc., "Dropsy," "Emaciation," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information as which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, attesting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Wentworth

No.

195 Pleasant St.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Norton W. Phillips

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

195 Pleasant St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

32

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

34

5

1

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Manager

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass

9 NAME OF
FATHER

Norton W. Phillips

10 BIRTHPLACE OF
FATHER (City)

Boston, Mass

(State or country)

11 MAIDEN NAME
OF MOTHER

Ann E. Wilson

12 BIRTHPLACE OF
MOTHER (City)

Cuba

(State or country)

13

Informant

Ann E. Phillips

(Address)

195 Pleasant St

14

Filed

May 31, 24

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May 24 1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 21, 1924, to May 24, 1924,

that I last saw him alive on May 24, 1924,

and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH was as follows:

Chronic anterior poliomyelitis
(duration) 2 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

at home

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Pneumal Obstruction

(Signed)

Raymond B Parker, M. D.

(Address)

Wentworth Mass

Date

May 25 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Dorchester Hills Boston

(Cemetery)

(City or town)

DATE OF BURIAL

May 26

19 UNDERTAKER

C. R. Bennett

ADDRESS

Wentworth

Official position

Health Officer

Date of

issue

of permit

5/26/24

Permit

NO.

739

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 da*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inflammation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. Those include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County

Suffolk

State

Mass.

Registered No.

City or Town

Wintthrop - Wintthrop Beach Station or in house at St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alfred T. Lundgren - Wintthrop Community Hosp.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Wintthrop, 3 Brewster Ave.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male.

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mary G. Lundgren

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Pilot

(b) Name of employer

Sweden

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

Unknown

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Unknown

11 MAIDEN NAME
OF MOTHER

Unknown

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Unknown

13

Informant

(Address)

Mrs. Wm. J. MacKenty
3 Brewster Ave., Wintthrop

14

Filed

(Month) (Day) (Year)

May 31, 24

REGISTRAR

20 Burial permit
issued by

H. C. Daniel

Official
position

Health Officer

21 Date of
issue

5/26/24

Permit
No.

740

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:Natural Cause;
Cardio-vascular
disease.

(Sudden death.)

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

J. J. Burger Maguire, M.D.

(Address)

Medical Examiner for

Suffolk

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Holy Cross - Malden

(Cemetery)

(City or town)

DATE OF BURIAL

May 28, 1924

(Month) (Day) (Year)

19 UNDERTAKER

Thos. B. Kelly

ADDRESS

310 Bowdoin St.
Dorchester, Mass.

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 98, Sec. 7.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from **injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicæmia (gas bacillus) caused by a steam railway accident," "Pistol shot wound of the chest with associated hemorrhage, homicidal," "Asphyxiation by suspension, suicidal," "Syncope while under the influence of ether administered as a surgical anæsthetic," "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)," "Heart disease, presumably coronary sclerosis. (Sudden death.)"

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

City or Town

Winthrop

No.

Winthrop Beach Station St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alfred J. Lundgren

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

3 Brewster St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of

Mary G. Lundgren

6 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

68 5

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Pilot

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Sweden

9 NAME OF FATHER

Unknown

10 BIRTHPLACE OF FATHER (City)

(State or country)

Sweden

11 MAIDEN NAME OF MOTHER

Unknown

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Sweden

13

Informant

(Address)

Mrs. W. J. M. Kultz
3 Brewster Ave. Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19,

that I last saw h alive on, 19,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy? If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis?

(Signed) M. D.

(Address)

Date (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

Holy Cross Malden
May 28, '24

19 UNDERTAKER

ADDRESS

Thos W. Kelly
Rochester

Official position

Date of issue of permit

Permit

NO.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms; *Mastitis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhages," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

13,385

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County

Suffolk

State

Registered No.

City or Town

Wentworth

No.

82 Hermon

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Charles Augustus Hayes

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

82 Hermon

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Mary Ann

6 AGE

Years

78

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Nova Scotia

(State or country)

9 NAME OF FATHER

Cannot be recalled

10 BIRTHPLACE OF FATHER (City)

Wentworth

(State or country)

11 MAIDEN NAME OF MOTHER

Theodore Berlin

12 BIRTHPLACE OF MOTHER (City)

Wentworth

(State or country)

13

Informant

(Address)

Wentworth

14

Filed

May 31, 24

(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by

H. C. Daniels

Official position

Health Officer

21 Date of issue

5/31/24

Permit No.

742

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May 28 1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Cause:
Presumably Cardio-vascular diseases

(Found dead..)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed)

Jerry Burgess Magnall

M.D.

(Address)

Medical Examiner for

Suffolk

Date

May 28 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Wentworth

(Cemetery)

(City or town)

DATE OF BURIAL

May 28 1924

(Month) (Day) (Year)

19 UNDERTAKER

Wentworth

ADDRESS

Wentworth

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVED FOR BINDING

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

may 28, 1894

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

13,383

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Mass Registered No. _____
City or Town Winthrop - Community Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edward H. Howers

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 21 Pleasant St. Ward. _____
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Married

5a. If married, widowed or divorced

HUSBAND of

(or) WIFE of

Effie Stanley

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

57

4

27

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Assistant Treasurer

(b) Name of employer

Atlantic Works East Boston

8 BIRTHPLACE (City)

Chelsea

(State or country)

Mass

9 NAME OF
FATHER

Thomas W. Howers

10 BIRTHPLACE OF
FATHER (City)

Dor

(State or country)

England

11 MAIDEN NAME
OF MOTHER

Caroline Phillpot

12 BIRTHPLACE OF
MOTHER (City)

Canterbury

(State or country)

England

13

Informant

Effie Stanley Howers

(Address)

21 Pleasant St Winthrop Mass

14

Filed

May 31, 24
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May 28 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:

Natural Causes
Presumably Cardio-
vascular and Cardio-
renal disease.

(Sudden death)

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed) George Burgess May Jr. M.D.

(Address)

Medical Examiner for

Mass
Date May 28 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

Bro. Burial
(Cemetery)

West Burial
(City or town)

June 12 1924
(Month) (Day) (Year)

19 UNDERTAKER

ADDRESS

C. R. Burrows

Winthrop, Mass

20 Burial permit
issued by

H. C. Daniels

Official
position

Health Officer

21 Date of
issue

5/31/24

Permit
No.

741

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVE FOR BINDING

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

May 28, 1924

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSThe Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATHWinthrop
BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

No.

Winthrop Community Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Jacobo (Stillborn)

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

51 Pebble

St.

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE MARRIED WIDOWED OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop, Mass.

(State or country)

9 NAME OF
FATHER

Allan Jacobo

10 BIRTHPLACE OF
FATHER (City)

Boston, Mass.

(State or country)

11 MAIDEN NAME
OF MOTHER

Jennette Bay

12 BIRTHPLACE OF
MOTHER (City)

London, England

(State or country)

PARENTS

13 Informant

B. Jacobs.

(Address)

85 Danischoff St. Rox.

14

Filed June 9, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

F. C. Daniels

4-8.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June

(Month)

1

(Day)

1924

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 1, 1924, to June 1, 1924,

that I last saw him alive on June 1, 1924,

and that death occurred, on the date stated above, at . . . m.

The CAUSE OF DEATH was as follows:

Stillborn

Premature

5 months.

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

R. B. Parker

M.D.

(Address)

Winthrop

Date

June

(Month)

(Day)

1924

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Beth Josephite

(Cemetery)

(City or town)

DATE OF BURIAL

June 27, 1924

19 UNDERTAKER

Munuel Starnetsky

ADDRESS

Boston

Official position,

Health Officer

Date of

issue

6/2/24

Permit

No. 743

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Cattle herder*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report special wages, as *Seaman*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal," *septicemia*, "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application, make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

20 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 2, 1923, to June 2, 1924,

that I last saw him alive on June 2, 1924

and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH was as follows:

Senility

(duration) ? yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ? yrs. ___ mos. ___ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Richard M. M. D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Wentworth - Wentworth

(Cemetery)

(City or town)

DATE OF BURIAL

June 4/24

ADDRESS

Wentworth

19 UNDERTAKER

Chas R. Benson

Official
position

Health Officer

Date of
issue

June 4, 24

Permit
NO.

744

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at *Housekeepers* who are engaged in the duties of the household only (not paid *wife*, *Housework*, or *At home*, and children, not gainfully employed, as occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 da.; Bronchopneumonia (secondary), 10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dobility" ("Congential," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Ex-mus," "Old age," "Shock," "Premia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths follow abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

E. Boston notified

The Commonwealth of Massachusetts

13,397

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State _____ Registered No. 1162
City or Town Wintthrop No. 37 Beal St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Patrick King

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 230 Waldemar, E.B. St. _____ Ward. 1-7
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years _____ months 1 days _____ How long in U. S., if of foreign birth? 50 years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 AGE Years 66 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) Name of employer _____

8 BIRTHPLACE (City)

(State or country) Ireland

9 NAME OF FATHER

Frank King

10 BIRTHPLACE OF FATHER (City)

(State or country) Ireland

11 MAIDEN NAME OF MOTHER

Mary Carter

12 BIRTHPLACE OF MOTHER (City)

(State or country) Ireland

13 Informant Mary King Sister-in-law

(Address) 230 Waldemar Avenue

14 Filed JUNE 18 1924

(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by _____

Official position _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 2 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes: Presumably Cardio-vascular disease (Coronary Sclerosis.)

[Sudden death.]

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Very Burgin Mayhew, M.D.

(Address) _____

Medical Examiner for _____

Date June 3 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Holy Cross, Malden
(Cemetery) (City or town)

DATE OF BURIAL

June 5th 1924
(Month) (Day) (Year)

19 UNDERTAKER

ADDRESS

West Boston

JUN 21 1924
Date of issue

Permit No. 1496X

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 48, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*
. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

June 7, 1924

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or WIFE of)

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

June 9 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June
(Month)5
(Day)1924
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan, 1920, to June 5, 1924,

that I last saw him alive on June 5, 1924,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH was as follows:

Chronic Parenchymatous
Nephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official
position

Health Officer

Date of
issue

of permit

6/7/24

Permit
No.

745

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*; (d) *Grocery*; (e) *Foreman*; (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *wife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubercular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 28 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Emaciation," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by a physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make an examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOARD OF HEALTH PHYSICIAN'S CERTIFICATE OF DEATH

To be used only in case there is no attending physician or if for sufficient reason the attending physician's certificate cannot be obtained early enough for the purpose of granting a burial permit, as provided by Revised Laws, Chapter 78, Section 38.

1 PLACE OF DEATH

County

City

State

Registered No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Str.

Ward.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant
(Address)

15

Filed June 9, 1924
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

1924

(Year)

17

I HEREBY CERTIFY, That I have ascertained the

nature of the disease from which the person above-named died, and that
the CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH. (See reverse side for additional
space and instructions.)

Tuberculosis of the lungs

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Chicago, Ill.

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Forest Hill Cem Chicago Ill

June 8 1924

20 UNDERTAKER

ADDRESS

Walter T. White Winthrop

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician and the date of his death. — *Revised Laws, Chap. 29, Sects. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body until he has received a permit from the board of health or the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or a physician, or the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons **found dead.**

Notice to Undertakers: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

Statement of Cause of Death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Tuberculous pneumonia* ("Pneumonia," unqualified, is indefinite); *Sarcoma*, etc., of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Masks:* *Whooping cough*, *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Masks* (disease causing death), 29 ds. *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Irritation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal," *septicemia*, "Puerperal peritonitis" etc. State cause of death if surgical operation was undertaken. For violent deaths STATE MEANS OF INJURY and quality as ACCIDENTAL, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train — accident*; *Revolver wound of head — homicide*; *Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Belmont

(City or town)

1 PLACE OF DEATH

County Middlesex

State Mass.

Registered No. 58

(Place of death)

City or Town Belmont

No. 387 Belmont

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Amelia Walsh

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.
(Usual place of abode)

City or Town Winthrop

No. 44 Underhill

St.

Length of residence in city or town where death occurred

years months 13 days

How long in U. S., if of foreign birth?

years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Joseph N. Walsh

6 AGE

Years

Months

Days

If LESS than

78

2

5

1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home

(b) Name of employer

8 BIRTHPLACE (city or town) London

(State or country)

England.

9 NAME OF FATHER

George W. Bennett

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

Scotland

11 MAIDEN NAME OF MOTHER

Amelia Walsh

12 BIRTHPLACE OF MOTHER (city or town)

(State or country)

England.

13

Informant Mrs. Frank W. Doane

(Address)

44 Underhill St. Winthrop

Filed June 7, 19 24

Registrar of city or town where death occurred

Filed 19

Registrar of city or town where deceased resided

15 DATE OF DEATH

June 6, 1924.

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 23, 1924, to June 6, 1924,

that I last saw her alive on June 6, 1924,

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. — ds.

CONTRIBUTORY

(SECONDARY)

(duration) — yrs. — mos. — ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed)

Wm. C. Hanson

M.D.

6/7/24 (Address) 32 Willow St. Belmont.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop, Winthrop

DATE OF BURIAL

6/9/24

19

19 UNDERTAKER

C. R. Bennison

ADDRESS

Winthrop

so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death, 20 ds.); *Bronchopneumonia* (secondary); 10 ds. Never report more symptoms or terminal conditions, such as *Asphemia*, "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
~~Boston~~

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

~~Boston~~ Winthrop 14 Waldemar Ave.

(City or town)

St., W.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William Weld

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

14 Waldemar Ave

St., 77 Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

Now long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married.

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Lillian Weld.

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

44

16

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Costumer.

(b) Name of employer

8 BIRTHPLACE (City)

Boston Mass

(State or country)

9 NAME OF
FATHER

William H. Weld.

10 BIRTHPLACE OF
FATHER (City)

Boston Mass

(State or country)

11 MAIDEN NAME
OF MOTHER

Alice Allison

12 BIRTHPLACE OF
MOTHER (City)

Rockland Me.

(State or country)

13

Informant

Mrs. Weld.

(Address)

14 Waldemar Ave.

14

Filed

June 9, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Hamilton

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June
(Month)7
(Day)1924
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 5, 1924, to June 7, 1924,

that I last saw him alive on June 7, 1924,

and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH was as follows:

Carcinoma of Intestine

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Yes Date of April 5, 1924

Was there an autopsy? No If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis? Laboratory exam.

(Signed)

R. B. Parker

M. D.

(Address)

Winthrop Mass

Date

June
(Month)8
(Day)1924
(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Cem Winthrop June 9
(Cemetery) (City or town)

DATE OF BURIAL

ADDRESS

Boston

19 UNDERTAKER

J. S. Waterman Son

Official
positionDate of
issue

June 10, 1924

Permit
NO.

747

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, home, who are engaged in the duties of the household only. Women at *Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If relieved from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc. *Carcinoma*, *Sarcoma*, etc. of (name organ); "Aneur", is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anuria" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Emphysema," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, typhoid, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 58, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 58, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No. 32 Locust St. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. 32 Locust St.
(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred 20 years - months - days. How long in U. S., if of foreign birth? years months days
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....mo.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 7, 1924, to June 8, 1924

that I last saw him alive on June 8, 1924

and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH was as follows:

Myocardial

(duration) yrs. mos. 16 ds.

CONTRIBUTORY
(SECONDARY)

left leg (duration) yrs. mos. 3 ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Dr. E. J. Sullivan, M.D.

(Address) 123 Winthrop

Date June 10, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop (Cemetery) Winthrop (City or town) June 10/24

19 UNDERTAKER

ADDRESS

Walter T. Mute Winthrop

Official position Health Officer Date of issue of permit 1. 2. 24 No. 748

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualifies, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as *Asphensia*, "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any number of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item or 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State *Massachusetts*

Registered No.

City or Town

Winthrop
Boston

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joshua Clark Small

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

17 Tewksbury St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Clara C. Small

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

63

7

13

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Custodian

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Auburn
Maine

9 NAME OF FATHER

Joshua Small

10 BIRTHPLACE OF FATHER (City)

(State or country)

Maine

11 MAIDEN NAME OF MOTHER

ewis Mitchell

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Maine

13

Informant

(Address)

Clara C. Small
17 Tewksbury St. - Malden

14

Filed

June 18, 1924

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

R. C. Daniels
94.5

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June

11

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 1, 1924, to *June 11, 1924*

that I last saw him alive on *June 4, 1924*

and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH was as follows:

Cancer of face

(duration) *2* yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? ____ Date of *no*

Was there an autopsy?

If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis?

(Signed)

C. T. Maloney M. D.

(Address)

386 Winthrop St.

Date

June 12

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Cemetery Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

June 13

19 UNDERTAKER

ADDRESS

Walter T. White Winthrop

Official position

Health Officer

Date of issue of permit

6/12/24

Permit NO.

749

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 da.; Bronchopneumonia (secondary), 10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," "Merely asymptomatic," "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, deliver for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Registered No. St. Ward

(If in the Army or Navy of the United States, give rank, organization, etc.)

St. Ward.
(If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 11, 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
April 14, 1924, to June 11, 1924.
that I last saw her alive on June 9, 1924
and that death occurred, on the date stated above, at 11:30 p. m.
The CAUSE OF DEATH was as follows:

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. 3 mos. — ds. —

CONTRIBUTORY Saba prunosa
(SECONDARY) [type 14] gr 14-24

(duration) — yrs. — mos. 10 ds. —

17 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy?.....
What test confirmed diagnosis?..... *Bacteriological*
(Signed)..... *Oswell E. Johnson*, M.D.

(Address) Wineburg, Mass

Date June 13 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Elizabeth's Cross Malden (Cemetery) (City or town)	June 15, 1909

19 UNDERTAKER <i>Michael Porcella</i>	ADDRESS <i>10 Benna</i>
--	----------------------------

Official position *Health Officer* Date of issue *June 13, 1924* Permit No. *75*

N.M.
0,000. 3567.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childhood or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

William S.

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

66

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

St. John's

Newfoundland

9 NAME OF
FATHER

Anthony Murphy

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Newfoundland

11 MAIDEN NAME
OF MOTHER

Mary F. Lannigan

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Newfoundland

13

Informant

(Address)

William Marsh
224 Lincoln St.

14

Filed

(Month) (Day) (Year)

June 15, 1924

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June

12

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, that I attended deceased from

June 1, 1924, to June 12, 1924,

that I last saw him alive on June 12, 1924,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Haemorrhage

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

Arterio-sclerosis

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed) C. J. Mahoney M. D.

(Address) 556 Winthrop St.

Date

June 12, 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Winthrop

Winthrop

June 14, 1924

19 UNDERTAKER

ADDRESS

John F. O'Malley

Winthrop

Official
position

Health Officer

Date of
issue of
permit

6/13/24

Permit
NO.

750

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *Note*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pneumonia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintthrop
BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State *Massachusetts*

Registered No.

City or Town

Boston

No.

78 Highland Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Josephine C Waitt

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

78 Highland Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

5

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of

Albert Waitt

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

56

x

x

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At. Home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Ireland

9 NAME OF FATHER

Jeremiah McLaughlin

10 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME OF MOTHER

Catherine Sullivan

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

13

Informant

(Address)

*Miss C. Waitt,
78 Highland Ave.*

14

Filed

June 18, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 14, 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 3, 1924, to June 14, 1924

that I last saw *her* alive on *June 13, 1924*

and that death occurred, on the date stated above, at *7:50* m.

The CAUSE OF DEATH was as follows:

Diabetes Mellitus

(duration) *6 yrs. 6 mos.* ds.

CONTRIBUTORY

(SECONDARY)

Chronic Endocarditis

(duration) *about 1 1/2* yrs. — mos. — ds

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? *No* Date of

Was there an autopsy?

If Under One Year, *Yes* Baby Brought Fed

What test confirmed diagnosis?

Diagnosis confirmed by signs

(Signed) *Dr. J. H. Andrews* M. D.

(Address)

24 Beach St. Boston

Date *June 15, 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Walton Ave. Waltham
(City or town)

DATE OF BURIAL

June 17, 1924

19 UNDERTAKER

Mr. W. H. Thomas m. s. *Newton*

ADDRESS

Official position

Health Officer

Date of issue of permit

6/16/24

Permit NO.

752

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Hæmaturia," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases, resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
. . . He shall in all cases verify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

37

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Married

5a If married, widowed or divorced

HUSBAND OF

(or) WIFE OF

George W. Dyer

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

69

1

2

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Housewife

8 BIRTHPLACE (City)

(State or country)

Conway
N. H.9 NAME OF
FATHER

William Webster

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Conway
N. H.11 MAIDEN NAME
OF MOTHER

Sarah Fessenden

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Fryburg
Me.

13

Informant

Geo. W. Dyer

(Address)

112 Hermon St. Wentworth

14

Filed

June 26, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

K. C. Danahy

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June
(Month)18
(Day)1924
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

January 3, 1924, to June 18, 1924,

that I last saw her alive on

June 18, 1924

and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH was as follows:

Myocarditis and
Chronic Valvular Heart Disease

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lillian G. Anderson, M. D.

(Address) 32 Woodside Park, W. Village

Date

June

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Wentworth

(Cemetery)

Wentworth

(City or town)

DATE OF BURIAL

June 20, 1924

19 UNDERTAKER

Chas. R. Benson

ADDRESS

Wentworth

Official
position

Health Officer

Date of
issue
of permit

6/20/24

Permit
NO.

753

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*. (c) *Salesman*; (d) *Grocery*; (e) *Foreman*; (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestional," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendation on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to said board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

8 years

X months

X days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed or divorced
HUSBAND of Lena B. (deceased)
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

60

8

6

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Retiree

8 BIRTHPLACE (City)

(State or country)

Chelsea
Mass9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

John Kalish

Germany

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Margaret Deutsch

Germany

13

Informant

(Address)

Carmel E Kalish

185 Cresent Rd Woburn

14

Filed

(Month) (Day) (Year)

REGISTRAR

June 26 1924

20 I HEREBY CERTIFY that a satisfactory
standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

K. J. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

June 18 1924

(Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 12 1924 to June 12 1924

that I last saw him alive on June 12 1924

and that death occurred, on the date stated above, at 12 A.M.

The CAUSE OF DEATH was as follows:

Angina Pectoris

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY

(SECONDARY)

Indigestion

(duration) ___ yrs. ___ mos. 1 ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

(Address)

Date

Dr. H. A. Seltman
15 Princeton St.
June 18 1924stabbing
usual gunshot
pain
Boston

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn

(Cemetery)

Crescent Mass

(City or town)

DATE OF BURIAL

June 26 1924

19 UNDERTAKER

C R Bauman

ADDRESS

Woburn

Official
position

Health Officer

Date of
issue

of permit 6/20/24

Permit
No.

724

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastasis*, *peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin, "cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Premia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, callitaxis, childbirth, convulsions, hemorrhage, gastrone, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Windsor
Boston

No.

374 Shirley

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Catherine Hilly

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

374 Shirley

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

28

years

months

days

How long in U. S., if of foreign birth?

50 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

James C Hilly

6 AGE

71

Years

Months

Days

If LESS than

unknown

?

?

1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

home

(b) Name of employer

8 BIRTHPLACE (City)

Bundoran

(State or country)

Co. Donegal Ireland

9 NAME OF
FATHER

James Hilly McBrearty

10 BIRTHPLACE OF
FATHER (City)

Bundoran

(State or country)

Co. Donegal Ireland

11 MAIDEN NAME
OF MOTHER

Catherine O'Blane

12 BIRTHPLACE OF
MOTHER (City)

Bundoran

(State or country)

Co. Donegal Ireland

13

Informant

Charles L. Hilly Son

(Address)

21 Sherwood St Roslindale

14

Filed

June 26, 1924

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

R. C. Danahy

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June

20

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 15

1924

to June 20

1924

that I last saw him alive on

June 19

1924

and that death occurred, on the date stated above, at 7.10 P. M.

The CAUSE OF DEATH was as follows:

Cerebral embolism

(duration)

yrs.

mos.

6 ds.

CONTRIBUTORY

(SECONDARY)

indurated.

(duration)

yrs.

mos.

ds.

17 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death?

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

C. F. Mahoney

M.D.

(Address)

356 Winthrop St

Date

June 21

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

Calvary Roslindale June 22/24

(City or town)

19 UNDERTAKER

ADDRESS

Lewis H. Adams

Roslindale

Official position

Health Officer

Date of issue of permit

June 22, 24

Permit No.

755

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archited, Locomotive engineer, Civil Engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salsman, (b) Grocery: (c) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*Enterobrynd, fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Disphenteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *99 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely asymptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile, etc."), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

 OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

(City or town)

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

X months

X days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

21 (Day)

1924 (Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 21, 1924, to June 21, 1924, that I saw him alive on

and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Official position

Health officer

Date of issue of permit

6

23

1924

Permit NO.

757

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County SuffolkState MassachusettsRegistered No. 1162City or Town BostonNo. 6 Loring Road Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edna Irene Hagman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 6 Loring Road Winthrop Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 years months days. How long in U. S., if of foreign birth? 15 years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)FemaleWhiteSingle5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6 AGE

Years

Months

Days

If LESS than

1739

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home

(b) Name of employer

8 BIRTHPLACE (City)

East Boston

(State or country)

9 NAME OF
FATHERErick A. Hagman10 BIRTHPLACE OF
FATHER (City)

(State or country)

Sweden11 MAIDEN NAME
OF MOTHEREmily A. Fargestid12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Sweden

13

Informant Erick A. Hagman(Address) 6 Loring Road Winthrop

14

Filed June 26, 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedH. C. Danahy15 DATE OF DEATH June 21 1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 12, 1924, to June 21, 1924,that I last saw him alive on June 21, 19and that death occurred, on the date stated above, at 12:20 A. m.

The CAUSE OF DEATH was as follows:

Acute myocarditis(duration) yrs. mos. 1 ds.CONTRIBUTORY
(SECONDARY)Erysipelas(duration) yrs. mos. 8 ds.17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? _____ Date ofWas there an autopsy? _____

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

June 23rd 1924

19 UNDERTAKER

Richard L. Taylor

ADDRESS

Boston.Official
positionHealth OfficerDate of
issue
of permit6/23/24

Permit

No. 705

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Steel engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of* (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *30 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asplenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, otitis media, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Dr. Parker 148 Winthrop Street, Winthrop

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- 1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- 2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- 3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

1924,

BOSTON

(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**City or Town **Boston** No. **HARLEY HOSPT.**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **5572**
(Place of death)Registered No. **St. Ward**
(Place of residence)

2 FULL NAME

HOWARD ARVEDON

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**
(Usual place of abode)City or Town **WINTHROP** No. **332 SHIRLEY** St.

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **S**5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 AGE Years Months Days If LESS than 1 day, hrs. **10**
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**
(State or country)9 NAME OF FATHER **SAMUEL**10 BIRTHPLACE OF FATHER (city or town) **BOSTON**
(State or country)11 MAIDEN NAME OF MOTHER **SADIE MARGET**12 BIRTHPLACE OF MOTHER (city or town) **RUSSIA**
(State or country)13 Informant **S. ARVEDON**(Address) **222**14 Filed **JUNE 26, 1924** **E. W. McElenen**
Registrar of city or town where death occurredFiled **7/1/24, 1924**
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JUNE 23**, 1924
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
JUNE 13, 19**24**, to **JUNE 23**, 1924that I last saw him alive on **JUNE 23**, 1924and that death occurred, on the date stated above, at **6.20 P. M.**

The CAUSE OF DEATH was as follows:

**GENERAL SEPTICAEMIA FOL; CIRCUM-
CISION**(duration) yrs. mos. **5** ds.CONTRIBUTORY **INANITION**
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? **YES** Date of **JUNE 18, 24**

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **A. T. MOULTON**, M.D.

(Address)

Date **JUNE 24**
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WOBURN (PRIDE OF BOSTON)

(Cemetery)

(City or town)

DATE OF BURIAL

JUNE 24

1924

19 UNDERTAKER

MANUEL STANETSKY

ADDRESS

Boston

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc. *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*, *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 86, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 86, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

City or Town

Winthrop

No.

2 Terrace Ave

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Luther Taylor Harrington

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

2 Terrace Ave

St.,

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

40 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Mattie E. Harrington

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

76 years

2

1

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Fletcher

(b) Name of employer

None

8 BIRTHPLACE (City)

Claremont

(State or country)

N. H.

9 NAME OF FATHER

Luther Harrington

10 BIRTHPLACE OF FATHER (City)

Claremont

(State or country)

N. H.

11 MAIDEN NAME OF MOTHER

Mary Ann

12 BIRTHPLACE OF MOTHER (City)

Claremont

(State or country)

N. H.

13

Informant

Luther E. Harrington

(Address)

2 Terrace Ave Winthrop

14

Filed

June 26, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

6 (Month)

23 (Day)

24 (Year)

16

I HEREBY CERTIFY, That I attended deceased from

6/1

1924, to

6/23

1924

that I last saw him alive on

6/22

1924

and that death occurred, on the date stated above, at

7:30 A. M.

The CAUSE OF DEATH was as follows:

Acute dilatation of heart

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

General Arterio Sclerosis

(duration)

yrs.

mos.

ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

J. A. G. G. G.

M. D.

(Address)

200 1/2 Cleveland

Date

6 (Month)

24 (Day)

24 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

June 25/24

19 UNDERTAKER

Walter T. White Winthrop

ADDRESS

Official position

Health officer

Date of issue

6/25/24

of permit

Permit NO.

750

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not faintly employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, caliculis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town)
City or Town Winthrop No. 178 St. 1 Ward 1
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert L'Heureux
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 178 Hermou St. 1 Ward 1
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
7

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 24 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 17, 1924, to June 24, 1924, that I last saw him alive on June 24, 1924, and that death occurred, on the date stated above, at 3:00 P m. The CAUSE OF DEATH was as follows:

InanitionOpen foramen ovale(duration) ____ yrs. ____ mos. 6 ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. 6 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ____Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Horace J. Soule M. D.(Address) 150 W. Winthrop St. WinthropDate June 25 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

6/35/34

19 UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

Date of issue

Official position

Health Officer

Permit

NO. 759

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disaster causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of* (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meadles, Whooping cough, Chronic adnular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intervening) affection need not be stated unless important. Example: *Meadles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asplenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, caliculis, childbirth, convulsions, hemorrhage, gangrene, gastritis, otitis, meningitis, micarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 8.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 33)

County

Suffolk

State

Mass

Registered No.

City or Town

Wrentham - Community Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Anna Goldberg

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Wrentham, 200 Shirley St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

E. Boston, Mass

(State or country)

9 NAME OF
FATHER

Samuel Goldberg

10 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

11 MAIDEN NAME
OF MOTHER

Tillie Berger

12 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

13

Informant

(Address)

T. Goldberg
200 Shirley St.

14

Filed

(Month) (Day) (Year)

July 3, 1924

REGISTRAR

20 Burial permit
issued by

may

Official
position

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 28 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:Multiple injuries including
internal damage, caused
by a motor vehicle accident.

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

Leroy Dungen Maguire, M.D.

(Address)

Medical Examiner for

Suffolk

Date

June 29 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Mt. Zion Cem. Metro-Gumert
(Cemetery) (City or town)

DATE OF BURIAL

Month Day Year
June 29 1924

19 UNDERTAKER

M. Stenckley Boston

ADDRESS

21 Date of
issuePermit
No.

15817

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan 28, 1924

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

16 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Alfred. Ashley "Senior"

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

72

2

6

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

at Home

8 BIRTHPLACE (City)

(State or country)

Dover Kent
England9 NAME OF
FATHER

Thomas. Morris

10 BIRTHPLACE OF
FATHER (City)

(State or country)

England

11 MAIDEN NAME
OF MOTHER

Ellen Carpenter

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

England

13

Informant

(Address)

Daughter Mrs. Melle A. Clough
54 Cliff Ave Wrentham

14

Filed

7-9-24

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedH. C. Daniels
9. X

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July
(Month)3
(Day)24
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 24, 1924, to July 3, 1924,

that I last saw him alive on July 3, 1924,

and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH was as follows:

Obstetrical Hemorrhage

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

General Arterio Sclerosis

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? - Date of -

Was there an autopsy? -

What test confirmed diagnosis? -

(Signed)

Hawley Ashley

M. D.

(Address)

200 Pleasant St

Date

July
(Month)4
(Day)24
(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn
(Cemetery)Everett
(City or town)

DATE OF BURIAL

July 6/24

19 UNDERTAKER

C. R. Brown

ADDRESS

Wrentham

Official
position

Health Officer

Date of
issue

7-5-24

Permit
NO.

76

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (tumor origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Hysteria," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

42 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widower

5a If married, widowed or divorced

HUSBAND OF
(or) WIFE OF

Mary Edwards - Deane (

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

70

8

7

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Engineer

(b) Name of employer

B.R.B.L. R.R. Boston

8 BIRTHPLACE (City)

(State or country)

Meadford
Mass9 NAME OF
FATHER

James Davis

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Unable to obtain

11 MAIDEN NAME
OF MOTHER

Elizabeth - Unknown

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Unable to obtain

13

Informant

(Address)

Bessie M. Glover (Daughter)
70 Bododown St Winsted, Mass

14

Filed

7-9-24

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

L. P. Daney

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July
(Month)3
(Day)1924
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

_____, 1922, to July 3, 1924

that I last saw him alive on July 3, 1924

and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH was as follows:

Hemiplegia (Left)
Cerebral Thrombosis

(duration) ____ yrs. ____ mos. 1/2 ds.

CONTRIBUTORY

(SECONDARY)

Arterio-sclerosis

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ruelle E. Johnson M. D.

(Address) 123 Winsted

Date July - 4 - 1924 Winsted

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Oak Grove

Meadford

(Cemetery)

(City or town)

DATE OF BURIAL

July 9/24

19 UNDERTAKER

C R Bannister

ADDRESS

Winsted-

Official
position

Health Officer

Date of
issue of
permit

7-5-24

Permit
NO.

760

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asihemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Emaciation," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Dreuma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, pericentitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Suffolk State MASSACHUSETTS. Registered No. _____
Township Winthrop or Village _____
City _____ No. Station Hospital, Fort Banks, Mass. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Dwyer Hubbard
(a) Residence. No. Fort Strong, Mass. St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1906

7 AGE Years Months Days If LESS than 1 day, ---- hrs. or ---- min.
17 7 26

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Army
(c) Name of employer

9 BIRTHPLACE (city or town) Guildhall
(State or country) Vermont

10 NAME OF FATHER Ernest A. Hubbard

11 BIRTHPLACE OF FATHER (city or town) Guildhall
(State or country) Vermont

12 MAIDEN NAME OF MOTHER Nellie Josephine Dwyer

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Ireland

14 Informant Ernest A. Hubbard
(Address) 6. Court St., Boston, Mass.

15 Filed 7/9/1924

11-3184

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1924

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1924, to July 4, 1924,

that I last saw him alive on July 4, 1924,

and that death occurred, on the date stated above, at 8:30 P. M.

The CAUSE OF DEATH* was as follows:

Gastric hemorrhage, severe
pulmonary oedema

(duration) ---- yrs. ---- mos. ---- ds.

CONTRIBUTORY reaction following typhoid
infection

(duration) ---- yrs. ---- mos. ---- ds.

18 Where was disease contracted
if not at place of death? Fort Strong, Mass.

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? pathological findings

(Signed) Arthur M. C. Major, M. D.

(Address) Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Guildhall Rt 7 8 24 1924

20 UNDERTAKER

C R Bennett Winthrop

ADDRESS

Winthrop

MARGIN RESERVED FOR BIRTH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County Suffolk State MASSACHUSETTS. Registered No. _____
 Township Winthrop or Village _____ or _____
 City _____ No. Station Hospital, Fort Banks, Mass. St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Ruth McCormack (Stillborn)

(a) Residence. No. 42 Waverly St., Roxbury, Mass. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) June 5, 1924.

7 AGE Years Months Days If LESS than 1 day, 0 hrs. or 0 min.
X X > 0

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Winthrop, Mass.
 (State or country) Park Hospital

10 NAME OF FATHER Robert McCormack

11 BIRTHPLACE OF FATHER (city or town) Morristown
 (State or country) New York

12 MAIDEN NAME OF MOTHER Lena Viola Thomas

13 BIRTHPLACE OF MOTHER (city or town) Providence
 (State or country) Rhode Island

14 Informant Robert McCormack
 (Address) 42 Waverly St., Roxbury, Mass.

15 Filed 7/9/24, 19 _____

11-3184

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6, 1924

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1924, to July 5, 1924,
 that I last saw him alive on _____, 19____,
 and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Stillborn

Breech presentation with hydrocephalus

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
 if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Thos. W. Layton, M. D.

7/6, 1924 (Address) Station Hospital, Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop Winthrop July 8, 1924

20 UNDERTAKER

ADDRESS

E. R. Renssler Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

July 5, 1924

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as *accidental*, *suicidal*, or *homicidal*, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11-5184

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

BOARD OF HEALTH PHYSICIAN'S CERTIFICATE OF DEATH

To be used only in case there is no attending physician or if for sufficient reason the attending physician's certificate cannot be obtained early enough for the purpose of granting a burial permit, as provided by Revised Laws, Chapter 78, Section 38.

1 PLACE OF DEATH

County SuffolkState Mass

Registered No.

City WeymouthNo. 70 Prospect AveSt. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Eliza Olivia Sabine

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 70Prospect Ave.St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

2

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH (month, day, and year) June 26

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

75011

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workat Home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

CovingtonVermont

PARENTS

10 NAME OF FATHER

Dennis Sabine

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

WeymouthVermont

12 MAIDEN NAME OF MOTHER

Lucy Stern

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

StamfordR. & W. C.

14

Informant
(Address)Joe F. Rollins70 Prospect Ave Weymouth

15

Filed

Jul. 91924

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July - 6

(Month)

(Day)

1924

(Year)

17

I HEREBY CERTIFY, That I have ascertained the

nature of the disease from which the person above-named died, and that

the CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH. (See reverse side for additional space and instructions.)

Natural cause, probablyChronic Myocarditis(duration) 3 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

at home.

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Personal observation

(Signed)

P. B. Parker

M.D.

(Address)

Wintthrop Board of Health.

Date

July

(Month)

7

(Day)

19

24

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wintthrop - Wintthrop7/9 1924

20 UNDERTAKER

ADDRESS

Chas R BennettWintthrop

MARGIN RESERVED FOR BINDING

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

**NOTICE TO PHYSICIANS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE**

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician and the date of his death. — *Revised Laws, Chap. 29, Sects. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, or a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons **found dead.**

Notice to Undertakers: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

Statement of Cause of Death.—Name, **first,** the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoncum, etc.*; *Carcinoma, Sarcoma, etc.*, of . . . (name origin, "Cancer," is less definite; avoid use of "Tumor for malignant neoplasms"); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for v. rich surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Wintthrop No. 395 Shirley St St., _____ Ward 1
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary D. Cronan
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence, No. 395 Shirley St., _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 10 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5a If married, widowed or divorced HUSBAND of (or) WIFE of _____
6 AGE Years 49 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer _____

8 BIRTHPLACE (City) Malden
(State or country) Mass

9 NAME OF FATHER John Cronan
10 BIRTHPLACE OF FATHER (City) Deland
(State or country) Deland
11 MAIDEN NAME OF MOTHER Margaret Sullivan
12 BIRTHPLACE OF MOTHER (City) Deland
(State or country) Deland

13 Informant Miss Lottie Cronan
(Address) 395 Shirley St, Malden

14 Filed Jul 21-1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniel

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 8 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 29, 1924, to July 8, 1924, that I last saw h alive on July 8, 1924, and that death occurred, on the date stated above, at 11:20 P m. The CAUSE OF DEATH was as follows:

Carcinoma of liver

(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. Sullivan M. D.

(Address) 386 Wintthrop St

Date July 10 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL M. Mary. Malden DATE OF BURIAL July 11 24
(Cemetery) (City or town)

19 UNDERTAKER C. Cronan ADDRESS Malden

Official position Death officer Date of issue of permit 7/10/24 Permit NO. 765

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colitis, childbed fever, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. _____ (City or town)
City or Town Winthrop No. 109 Circuit Rd. St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Shaulding A. Foote
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 109 Circuit Rd. St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred years _____ months _____ days _____ How long in U. S., if of foreign birth? years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Florence

6 AGE Years 26 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bookkeeper.
(b) Name of employer _____

8 BIRTHPLACE (City) St Albans
(State or country) Vt.

9 NAME OF FATHER Francis H.
10 BIRTHPLACE OF FATHER (City) Puttan
(State or country) Quebec.
11 MAIDEN NAME OF MOTHER Frances Lynch.
12 BIRTHPLACE OF MOTHER (City) Montreal.
(State or country) _____

13 Informant John Foote
(Address) 109 Circuit Rd

14 Filed July 21, 1924
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued E. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 11, 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1923, to July 11, 1924,
that I last saw him alive on July 4, 1924,
and that death occurred, on the date stated above, at 7:30 P. M.
The CAUSE OF DEATH was as follows:
Medialy Tuberculosis

CONTRIBUTORY _____
(SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? yes Date of Dec 18-23

Was there an autopsy? no

What test confirmed diagnosis?
(Signed) Francis G. Kelly M. D.
(Address) 200 V. Levesque St.
Date July 11, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop DATE OF BURIAL 7/14/24
(Cemetery) (City or town)

19 UNDERTAKER John F. O'Malley ADDRESS Winthrop

Official position Health Officer Date of issue of permit 7/22/24 Permit NO. 766

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"), *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gonorrhea, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 8.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 13, 1924, to July 15, 1924.

that I last saw him alive on July 15, 1924.

and that death occurred, on the date stated above, at 10:15 P. m.

The CAUSE OF DEATH was as follows:

Acute appendicitis

(duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. 8 ds.

17 Where was disease contracted
if not at place of death?

At home.

Did an operation precede death?

Yes

Date of July 15/24

Was there an autopsy?

No

What test confirmed diagnosis?

Personal observation

(Signed)

R. B. Parker

M. D.

(Address)

Winthrop, Mass

Date

July

16

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Official

position

Health officer

Date of

issue

7/17/24

Permit

No.

767

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

10-1724
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc.; *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.; "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician.** **If death is caused by violence, the medical examiner shall make such certificate. . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

X

years

X

months

X

days

Now long in U. S., if of foreign birth?

X

years

X

months

X

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19__, to

19__

that I last saw h alive on

and that death occurred, on the date stated above, at 1:30a.m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official position, Health officer

Date of
issue

of permit

Permit
No.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds., *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asbemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until it has been delivered to the board of health or board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of information shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

BOARD OF HEALTH PHYSICIAN'S CERTIFICATE OF DEATH

To be used only in case there is no attending physician or if for sufficient reason the attending physician's certificate cannot be obtained early enough for the purpose of granting a burial permit, as provided by Revised Laws, Chapter 78, Section 38.

1 PLACE OF DEATH

County _____ State _____ Registered No. _____
City Winthrop No. 47, Tewksbury St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Louis H. Hynes
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 47 Tewksbury St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Sarah Hynes</u>		
6 DATE OF BIRTH (month, day, and year)		
7 AGE Years <u>61</u>	Months <u>10</u>	Days <u>—</u>
If STILLBORN, enter that fact here _____		
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Clothing Cutter</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9 BIRTHPLACE (city or town) (State or country)

Poland.

PARENTS	10 NAME OF FATHER <u>Vigdor Hynes</u>
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Poland.</u>
	12 MAIDEN NAME OF MOTHER <u>Blannah</u> (unknown)
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Poland.</u>

14 Informant (Address) <u>Mrs. Frances Blank</u> <u>1285 Commonwealth Ave</u> <u>Boston</u>

15 Filed <u>July 21</u> - 19 <u>24</u> (Month) (Day) (Year) <u>H. H. Hynes</u> REGISTRAR
--

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 18 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I have ascertained the nature of the disease from which the person above-named died, and that the CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH. (See reverse side for additional space and instructions.)

Natural Causes.
Probably Heart Disease

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Raymond B. Parker M.D.

(Address) Winthrop Board of Health.

Date July 19 1924
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Chera Kadusha
Montvale Mass

20 UNDERTAKER

Mayer Salomonson
Health Officer

DATE OF BURIAL

July 20 1924

ADDRESS
580 Blue Hill Ave.
Rox Mass.

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

(769)

EXAMINERS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death, where contracted, the duration of his last illness, when last seen alive by the physician and the date of his death. — *Revised Laws, Chap. 29, Sects. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons **found dead**.

Notice to Undertakers: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

Statement of Cause of Death. — Name, **first**, the disease **causing death** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthema," "Anæmia," (merely symptomatic), "Atrophy," ("Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile", etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inflammation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for such surgical operation was undertaken. For **violent deaths state means of injury** and qualify as **accidental, suicidal, or homicidal**, or as **probably** such, it impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train* — *accident*; *Reckless wound of head* — *homicide*; *Poisoned by carbolic acid* — *probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City).

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

16

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

19 UNDERTAKER

DATE OF BURIAL

ADDRESS

Official position

Health Officer

Date of
issue of
permit

Permit

NO.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been occupied or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or mercurerent) affection need not be stated unless important. Example: *Measles* (disease causing death), 2d ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, *septicemia*," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 8.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

The Commonwealth of Massachusetts

1924,

BOSTON

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**State **Massachusetts**Registered No. **6278**
(City or town)City or Town **Boston**No. **MASS. GEN. HOSPT.**Registered No. **152**
(Place of residence)St. **WINTHROP** Ward **411 SHIRLEY AVE. St.**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

ANNIE GINSBERG

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**
(Usual place of abode)City or Town **WINTHROP**No. **411 SHIRLEY AVE. St.**

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**WID.**5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of**LOUIS**

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

67

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a Trade, profession, or
particular kind of work)**HOUSEWIFE**

(b Name of employer)

8 BIRTHPLACE (city or town)

RUSSIA

(State or country)

PARENTS

9 NAME OF
FATHER**LOUIS MANTOSE**10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

RUSSIA11 MAIDEN NAME
OF MOTHER**ROSE -----**12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

RUSSIA

13

Informant

MYER GINSBERG

(Address)

14

Filed **JULY 22, 1924****EWM Glenen**

Registrar of city or town where death occurred

Filed **Apr 30, 1924**

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

JULY 18

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

JULY 18, 19 **24**, to**JULY 18**

, 1924

that I last saw him alive on **JULY 18**, 1924**10.22 P**and that death occurred, on the date stated above, at **m.**

The CAUSE OF DEATH was as follows:

**MITRAL STENOSIS WITH AURICULAR
FIBRILLATION**(duration) yrs. **mos. 2** ds.CONTRIBUTORY **MULTIPLE EMBOLI**
(SECONDARY)(duration) yrs. **mos. 2** ds.17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **C. E. WELLS**

, M.D.

(Address)

Date

JULY 20, 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

WO BURN (KENESSETH ISRAEL)**JULY 20, 1924**

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

MANUEL STANETSKY

Statement of occupation.

— Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mekles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mekles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

19,472

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County

Suffolk

State

Mass.

Registered No.

1036

City or Town

Wentworth - Wentworth Community Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Maxine Delambelly

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

55 Fremont

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

5

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

8

Months

6

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

School girl

(b) Name of employer

8 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

9 NAME OF
FATHER

Peter L. Delambelly

10 BIRTHPLACE OF
FATHER (City)

St. Pierre

(State or country)

France

11 MAIDEN NAME
OF MOTHER

May Fennell

12 BIRTHPLACE OF
MOTHER (City)

Newfoundland

(State or country)

Canada

13

Informant

(Address)

May Delambelly mother
55 Fremont St

14

Filed

(Month) (Day) (Year)

July 21 - 24

REGISTRAR

20 Burial permit
issued by

M. Daniels

Official
position

Health Officer

21 Date of
issue

July 19 1924

Permit
No.

780

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July 19

(Month) (Day)

1924 (Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:Burns on the body and
extremities with associated
acute nephritis and
toxemia, and subsequent
pneumonia, caused by the
burning of clothing.
(See E. R. R. accident,
July 1924.)

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

George Augustus

M.D.

(Address)

Medical Examiner for

Suffolk

Date

July 19

(Month) (Day)

1924 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross

(Cemetery)

Malden

(City or town)

DATE OF BURIAL

July 22 1924

(Month) (Day) (Year)

19 UNDERTAKER

James F. McShane

ADDRESS

583 Broadway
Chelsea

RETURN OF CERTIFICATES OF DEATH

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 88, Sec. 7.*

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)," "Heart disease, presumably coronary sclerosis. (Sudden death.)"

July 19-1924

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

No.

St.,

Ward

Registered No.

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 26, 1924, to July 19, 1924,

that I last saw her alive on July 19, 1924,

and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH was as follows:

Carcinoma, gastric

Unilateral (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

at place of death

Did an operation precede death?

no Date of ____

Was there an autopsy?

no

What test confirmed diagnosis?

X-ray

(Signed)

T. W. Layton

M. D.

(Address)

FABank, Winthrop, Mass

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Date of

issue

of permit

Permit

NO.

Official

position

7/21/24

472

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Portman," "Manager," "Doiler," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), being always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*; *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asystolia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Prosy," "Exhaustion," "Heart failure," "Hemorrhage," "Imitation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "Primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No. 100

(If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred

74 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

that I last saw h. alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official position

Date of issue of permit

Permit No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *myringitis*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) disease need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, gallblitis, childhood, convulsions, hemorrhage, gastro, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemias), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

City or Town

Waltham

No.

75 Nahant Ave

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William M Robinson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

75 Nahant Ave

St.,

Ward.

Boston

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

2 months

days

Now long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a If married, widowed or divorced HUSBAND of (or) WIFE of

Mary Robinson

6 AGE

Years

63

65

Months

6

Days

If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Salesman

(b) Name of employer

Rugs.

8 BIRTHPLACE (City)

Ireland.

(State or country)

9 NAME OF FATHER

Roger Robinson

10 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME OF MOTHER

Johnston

12 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

13

Informant

Wilfred M Robinson

(Address)

75 Nahant Ave.

14

Filed

July 25, 1924

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edwards

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July

25

24

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 5, 1924, to July 25, 1924,

that I last saw him alive on

July 25, 1924,

and that death occurred, on the date stated above, at

10 P.m.

The CAUSE OF DEATH was as follows:

Acute Encephalitis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY)

Chronic Nephritis

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of ____

Was there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *Harry A. Kelly* M. D.

(Address) *209 Pleasant St.*

Date

July 25

24

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

Coxbury

(City or town)

DATE OF BURIAL

7/28/24

19 UNDERTAKER

Edward P. Murray

ADDRESS

Official position

Health Officer

Date of issue

of permit

July 25

Permit

No.

774

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Gonorrhea, Syphilis*, etc., of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms; *Malaria, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis*, etc.). The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Pecility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

13,006

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk

State

Registered No.

City or Town Winthrop

No. 36 Jewkesbury

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Wilfred A. Collins

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 36 Jewkesbury

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

20

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

6 AGE

Years

52

Months

Days

If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Salesman

(b) Name of employer

8 BIRTHPLACE (City)

unable to obtain

(State or country)

9 NAME OF FATHER

unable to obtain

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

Annetta Bear-follins

12 BIRTHPLACE OF MOTHER (City)

Salem, Mass

(State or country)

13

Informant C. R. Burrows

(Address) Winthrop, Mass

14

Filed Aug 6 1924

(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by

H. C. Daniels

Official position

Health Officer

21 Date of issue

Aug 5 1924

Permit No.

78

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July 27-28 (2) 1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Heart disease: character
indefinite
(Found dead in bed and decomposed)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Long August Magnett, M.D.

(Address)

Medical Examiner for Suffolk

Date Aug 5 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Salem, Mass

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 6/24

(Month) (Day) (Year)

19 UNDERTAKER

C. R. Burrows

ADDRESS

Winthrop

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

July 27-28 (2) 1922

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 6517 Registered No. 6517
(Place of death) (Place of residence)
City or Town Boston No. CITY HOSPITAL St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ELIZABETH REID

(a) Residence. No. 25 MOORE (If in the Army or Navy of the United States, give rank, organization, etc.)
(Usual place of abode) St. WINTHROP Ward. MASS.
(If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>MAR.</u>
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>WILLIAM A. REID</u>		
6 AGE <u>39</u>	Years	Months Days
If LESS than 1 day, hrs. or min.		

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED HOUSEWIFE

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) IRELAND
(State or country)9 NAME OF FATHER PETER F. ROURKE10 BIRTHPLACE OF FATHER (city or town) IRELAND
(State or country)11 MAIDEN NAME OF MOTHER -----TOBIN12 BIRTHPLACE OF MOTHER (city or town) IRELAND
(State or country)13 Informant J. L. ROURKE
(Address)14 Filed AUG. 1, 1924 E. M. McGlenew
Registrar of city or town where death occurredFiled Aug 10, 1924
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JULY 28TH 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

ACUTE OEDEMA OF BRAIN (ALCOHOLISM)

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) TIMOTHY LEARY, M.D.(Address) BOSTONMedical Examiner for SUFFOLK CO.Date JULY 29, 1924
(Month) (Day) (Year)18 PLACE OF BURIAL, CREMATION, OR REMOVAL
ARLINGTON (ST. PAULS)DATE OF BURIAL
JULY 31
(Month) (Day) (Year)19 UNDERTAKER
WM. J. MAHONEY & CO.

ADDRESS

20 Burial permit issued by

Official position

21 Date of issue 1924

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 58, Sec. 7.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead**.

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicæmia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

July 28. 1924

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 1544
City or Town Winthrop No. 145 Cliff Ave St. Winthrop Ward Winthrop
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Pellie A. Harmon

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 145 Cliff Ave. St. Winthrop Ward Winthrop

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Benjamin F.

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

67

3

29

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Madison.
N. H.

9 NAME OF
FATHER

Jesse Ferris

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Madison.
N. H.

11 MAIDEN NAME
OF MOTHER

Eliza Dodge

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

cannot be learned
Vermont

13

Informant

(Address)

Mrs. Henry E. Plummer
Madison. N. H.

14

Filed

(Month) (Day) (Year)

Aug. 6, 1924

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory
standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Daniel
J. H.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July

29

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May

1919

July 29

1924

that I last saw her alive on July 29, 1924

and that death occurred, on the date stated above, at 7.00 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) ____ yrs. ____ mos. 6 ds.

CONTRIBUTORY
(SECONDARY)

Arterio Sclerosis

(duration) 5 yrs. ____ mos. ____ ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis?

(Signed)

W. C. Goodrich

M. D.

(Address)

20 Crescent Ave

Date

July 30

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

Madison

(City or town)

DATE OF BURIAL

Aug. 1, 1924

19 UNDERTAKER

W. C. Goodrich

ADDRESS

Lyman

Official
position

Health Officer

Date of
issue
of permit

7/30

Permit
No.

755

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc.; *Carcinoma, Sarcoma*, etc., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d day; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Imitation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1924,

BOSTON

(City or town)

1 PLACE OF DEATH

County Suffolk

State Massachusetts

Registered No. 6493

(Place of death)

City or Town Boston

No. CHILDRENS HOSPT.

Registered No. 134

(Place of residence)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME PAUL F. ROE

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS.

City or Town WINTHROP

No. 35 GEORGE

St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days If LESS than 1 day.....hrs. or.....min. 1 8 3

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (b) Name of employer

8 BIRTHPLACE (city or town) E. BOSTON

(State or country)

9 NAME OF FATHER LOUIS A.

10 BIRTHPLACE OF FATHER (city or town) E. BOSTON

(State or country)

11 MAIDEN NAME OF MOTHER FLORENCE M. SCHIVERN

12 BIRTHPLACE OF MOTHER (city or town) GLOUCESTER

(State or country)

13 Informant FATHER

(Address)

14 Filed AUG. 1, 1924 E. W. M. Glenen Registrar of city or town where death occurred

Filed , 1924 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JULY 29 1924 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from JULY 24, 1924, to JULY 29, 1924,

that I last saw him alive on JULY 29, 1924,

and that death occurred, on the date stated above, at 4.30 A. M.

The CAUSE OF DEATH was as follows:

ACUTE SUPP. MENINGITIS (STAPHYLOCOCCUS)

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 23 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of JULY 27

Was there an autopsy? YES (DRAINAGE)

What test confirmed diagnosis?

(Signed) C. F. MC KHANN, M.D. 19 (Address)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL MALDEN (HOLY CROSS)

DATE OF BURIAL JULY 30 1924

19 UNDERTAKER J. J. KELLY

ADDRESS

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report officially the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc.; Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Hooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d ds; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral, septicemic," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pul-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phibitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No. 1162

City or Town

Boston

No.

Winthrop Community Hosp. St. 1

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Male Peirier

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 19 Saratoga Street St. 2 Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

STILLBORN

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

None

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

9 NAME OF
FATHER

Clarence Peirier

10 BIRTHPLACE OF
FATHER (City)

Cape Briton

(State or country)

Canada

11 MAIDEN NAME
OF MOTHER

Mary R. Levee

12 BIRTHPLACE OF
MOTHER (City)

East Boston

(State or country)

Mass.

13

Informant

Clarence Peirier

(Address)

19 Saratoga Street E.B.

14

Filed

Aug 6, 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July, 30 1924.
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 30, 1924, to July 30, 1924,
that I last saw him alive on _____, 19____,

and that death occurred, on the date stated above, at 7:30 P.m.

The CAUSE OF DEATH was as follows:

Stillborn.
(Atelectasis)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

HOW WHAT?

Did an operation precede death? No. Date of _____

Was there an autopsy?

If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis?

Physical examination

(Signed)

M. M. Buff, M. D.

(Address)

26 Princeton St.

Date

July 31, 1924.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Michaels Cemetery

(Cemetery)

DATE OF BURIAL

Aug 2, 1924

(City or town)

19 UNDERTAKER

ADDRESS

East Boston.

Official
position

Health Officer

Date of
issue

8/11/24

Permit
NO.

476

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; it should be used only when needed. As for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* Never return "Laborer" "For-form part of the second statement. Never return "Laborer" "For-man," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Exam-ple: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.; Carcinoma, Sarcoma, etc., of . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles; Whooping cough; Chronic tubercular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death). *2d* *diag.* *Bronchopneumonia* (secondary). *10* *diag.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ex-haustion," "Heart failure," "Hemorrhage," "Insanition," "Maras-mus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Dr. Draft 26 Princeton Street East Boston

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forth-with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registra-tion a standard certificate of death, stating to the best of his knowl-edge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement con-taining the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the pur-pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may re-quire.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unre-lated to any form of injury, have died without recent medical at-tendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month)

(Day)

(Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

July 7

1922

to July 31

1924

that I last saw her alive on July 31, 1924.

and that death occurred, on the date stated above, at 9:15 P. M.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration) yrs. 4 mos. ds.

CONTRIBUTORY

(SECONDARY)

Arterio Sclerosis
General Passive congestion

(duration) 3 yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Horace J. Soule

M.D.

(Address)

180 W. Winthrop St. Winthrop

Date

August 2

1924

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

Aug 4, 1924

20 UNDERTAKER

Frank E. Brown Winthrop

ADDRESS

Official position

Health Officer

Date of issue

Aug 4, 1924

Permit

No. 75

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer*, *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Strawer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonic report* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness of disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~

(City or town)

1 PLACE OF DEATH

County

~~Suffolk~~

State

~~Massachusetts~~

Registered No.

City or Town

~~Boston~~

No.

Died at Whitefield N.H. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William E. Burke Jr.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

15 Williams

(Usual place of abode)

St.

Ward.

Winthrop Mass

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

21

3

24

1 day,.....hrs.

or.....mo.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Student

(b) Name of employer

8 BIRTHPLACE (City).

East Boston

(State or country)

Mass

9 NAME OF FATHER

William E.

10 BIRTHPLACE OF FATHER (City)

East Boston

(State or country)

Mass

11 MAIDEN NAME OF MOTHER

Mary E. Hayes

12 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

Mass

PARENTS

13

Informant

Wm E Burke

(Address)

15 Williams St. Winthrop

14

Filed

(Month) (Day) (Year)

AUG 4 1924

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

August 1

1924

16

I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19,

that I last saw h..... alive on

, 19,

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH was as follows:

Automobile accident
Fractured leg & Internal injuries

(duration).....yrs.....mos.....ds.

CONTRIBUTORY

(SECONDARY)

(duration).....yrs.....mos.....ds.

17 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death?..... Date of

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed)

G.H. Morrison

, M.D.

(Address)

Whitefield N.H.

Date

August 1

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross

(Cemetery)

Malden

(City or town)

DATE OF BURIAL

August 4

19 UNDERTAKER

Joseph L Burke

ADDRESS

75 Chambers
Boston

Official position

Date of issue of permit

Permit

No.

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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Indorser—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *A school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonum, etc., Carcinoma, Sarcoma, etc., etc.* (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphænia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, gastroptosis, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

TRANSPORTATION OF CORPSE.

THE STATE OF NEW HAMPSHIRE.—STATE BOARD OF HEALTH.

PHYSICIAN'S CERTIFICATE.

Name of Deceased William E. Burke Jr. Date of Death August 1 1924
(If a minor, give parents' names also.)
Hour of Death 3²⁰ P. M. Age 21 Years 3 Months 24 Days
Place of Death Whitefield N. H. Cause Fractured leg & internal injuries
Is this a Communicable Disease? No

I hereby certify that the above is true to the best of my knowledge and belief.

Residence Whitefield County of Coc State of N. H.
J. H. Morrison M. D.

PERMIT OF LOCAL BOARD OF HEALTH.

This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.

In the Whitefield of Coc County of N. H.
(City or Town.)
State of New Hampshire on the 1 day of Aug 1924
Permission is hereby given to holder of Embalmer's License No. 2771
to remove for burial at Boston in the County of Mass
State of Mass the body of William Burke Jr.
who died at Whitefield County of Coc State of N. H.
on the 1 day of Aug 1924 aged 21 Years 3 Months 24 Days
and William E. Burke Jr. is hereby authorized to accompany said remains.

Signed J. H. Morrison Health Officer or Sec'y Board of Health.

RULE 1.—The transportation of bodies dead of smallpox or bubonic plague is absolutely forbidden.

This permit and preceding Certificate must be detached and delivered to the person in charge of the Corpse.

Rules of the New Hampshire State Board of Health, for Transportation of the Dead.

RULE 1. The transportation of bodies dead of smallpox or bubonic plague is absolutely prohibited.

RULE 2. The transportation of bodies dead of Asiatic cholera, yellow fever, typhus fever, diphtheria (membranous croup), scarlet fever (scarlatina, scarlet rash), erysipelas, glanders, anthrax or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfecting fluid; (b) disinfection and stopping of all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by an embalmer holding a certificate as such issued by the state board of embalming examiners.

After being disinfected as above, such body shall be enveloped in a layer of dry cotton, not less than one inch thick, completely wrapped in a sheet securely fastened, and incased in an air-tight zinc, tin, copper, or lead-lined coffin or iron casket, all joints and seams hermetically sealed, and all enclosed in a strong, tight wooden box. Or the body being prepared for shipment by disinfecting and wrappings as above, may be placed in a strong coffin or casket, and said coffin or casket encased in an air-tight zinc, copper, or tin-lined box, all joints and seams hermetically soldered.

For interstate transportation under this rule only embalmers holding a license issued or approved by the state board of embalming examiners, after examination, shall be recognized as competent to prepare such bodies for shipment.

RULE 3. The bodies of those dead of typhoid fever, puerperal fever, tuberculosis, or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of cotton not less than one inch thick, and all wrapped in a sheet securely fastened, and encased in an air-tight metallic coffin or casket, or air-tight, metal-lined box, provided that this shall apply only to bodies which can reach their destination within thirty hours from the time of death. In all other cases, such bodies shall be prepared by a licensed embalmer holding a certificate as provided for in Rule 2. When prepared by a licensed embalmer as defined and directed in Rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

RULE 4. The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when encased in a sound coffin or casket and enclosed in a strong outside wooden box, provided they can reach their destination within thirty hours from the time of death. If the body cannot reach its destination within thirty hours from the time of death, it must be prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of dry cotton not less than one inch thick, and all wrapped in a sheet securely fastened, and encased in an air-tight metallic coffin or casket or an air-tight metal-lined box. But when the body has been prepared for shipment by being thoroughly disinfected by a licensed embalmer, as defined and directed in Rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

RULE 5. In the shipment of bodies dead from any disease named in Rule 2, such body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the health officer as having been properly disinfected.

Before selling tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of the disease. The transit permit in such cases shall specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2, notice must be sent by telegraph by the shipping embalmer to the health officer, or, where there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

RULE 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "Corpse" for the transportation of the body, and a transit permit showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, including health officer's or registrar's permit for removal, whether a communicable or non-communicable disease, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. Also the undertaker's certificate as to how the body has been prepared for shipment. The undertaker's or registrar's certificate and paster shall be detached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four handles. The physician's certificate and transit permit shall be handed to the passenger in charge of the corpse.

RULE 7. When bodies are shipped by express, a transit permit, as described in Rule 6, must be made out. The undertaker's certificate and paster shall be detached from the transit permit and securely fastened on the coffin box. The physician's certificate and transit permit shall be attached to and accompany the express way-bill covering the remains, and be delivered with the body at the point of destination to the person to whom it is consigned.

RULE 8. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health, and shall not be accepted for transportation unless said removal has been approved by the state or provincial health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 1-1000 solution of corrosive sublimate and enclosed in a hermetically soldered zinc, tin, or copper-lined box. But bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies, when originally prepared by a licensed embalmer as defined in Rule 2, and as directed in Rule 2 or 3 (according to the nature of the disease causing death), provided shipment takes place within thirty days from the time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within thirty days from the time of death without having to obtain permission from the health authorities of the locality to which the body is consigned. After thirty days the casket or coffin box containing said body must be enclosed in a hermetically soldered box.

RULE 9. The bodies of all persons who died in New Hampshire that are to be shipped by public conveyance, even though the initial point of such shipment be a railway station outside the state, must be prepared and forwarded in accordance with the regulations in force in the state of New Hampshire.

RULE 10. All rules and parts of rules conflicting with these rules are hereby repealed.

Name, *William Burke*
Place of Death, *Whitefield N.H.*
No. Street
Ward, Village,
How long a resident, *5 days*
Previous residence, *Winthrop Mass*
If death occurred at an institution give name of same
Narrisow Hospital
How long an inmate, *5 days*
Where from, *Winthrop Mass.*
Date of Death: Year *1924* Month, *8* Day, *1*
Age: Years *21* Months, *13* Days, *24*
Place of Birth *Winthrop Mass*
Date of Birth: Year *1903* Month, *4* Day, *8*
Sex, *M* Color, *W* Married, Single, }
Widowed or }
Divorced. }
Occupation, *Salermans*
Cause of Death, *Fractured leg +*
internal injuries of leg
Duration,
Contributing Cause, *Automobile*
accident Duration, *5 days*
Name of Father, *William Burke*
Maiden Name of Mother, *Mary A. Mayo*
Birthplace of Father, *E. Boston*
Birthplace of Mother, *E. Boston*
Occupation of Father, *P.O. clerk*
[Record continued over.]

Deceased was wife of

Widow of

Name of physician (or other person) reporting said death, *W. H. Morrison*

P. O. Address, *Multiple 9 N. H.*

Place of Interment,

Date of Interment,

Name of Cemetery,

Undertaker, *J. M. Cook*

P. O. Address, *Multiple 9 N. H.*

The State of New Hampshire

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

Clerk of *Wm. S. Cook*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 33)

13508
Winthrop
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 13508
City or Town Winthrop No. 48 Bowdoin St. 1 Ward 1
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jacob Avarbock
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 48 Bowdoin St. 1 Ward 1
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 1 years 6 months 0 days How long in U. S., if of foreign birth? 24 years 0 months 0 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie
6 AGE Years 46 Months 0 Days 0 If LESS than 1 day, 0 hrs. 0 min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Junk collector
(b) Name of employer

8 BIRTHPLACE (City)

(State or country) Russia

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant Bessie Avarbock
(Address) 48 Bowdoin St.

14

Filed Aug 6 1929
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by Hebrew

Official position Health Officer

21 Date of issue Aug 3 1929

Permit No. 778

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 2 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural causes
Cardio-vascular disease
Julius W. Corcoran Sellers
(Sudden death)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Joseph Henry Thayer M.D.
(Address)

Medical Examiner for Suffolk

Date Aug 2 1929
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Montefiore Cem.
(Cemetery) (City or town)

DATE OF BURIAL

Aug. 3 1929
(Month) (Day) (Year)

19 UNDERTAKER

Manuel Stanetsky

ADDRESS

Boston

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 48, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *Gen. Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Aug 2, 1924

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or town)

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.
(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) / (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 15, 1924, to August 2, 1924,
that I last saw him alive on August 1, 1924,

and that death occurred, on the date stated above, at 4:15 a.m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Seneal Arterio Sclerosis

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Official
positionDate of
issue
of permit

Permit

No. 77

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Sateenman, (b) Grocer; (a) Foreman, (b) Automobile factory* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d. de.; Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Trenia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

—

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13 Informant

(Address)

14 Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

HEREBY CERTIFY, That I attended deceased from

Aug 3, 1924

to

Aug 3, 1924

that I last saw him alive on

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH was as follows:

Still born

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official position

Health Officer

Date of issue of permit

Permit NO.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is

very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Commissioner*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not profitably employed, as *At school* or *At home*. Care should be taken to report especially the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the terms accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia," "Merely symptomatic," "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Fragility," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

I PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No.

25, 25 Washington Ave

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frances Maria Stowe

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

25 Washington Ave

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

20 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)
Widowed

5a If married, widowed or divorced

HUSBAND or
WIFE of

John H. Stowe

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

84

10

30

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Bangor

(State or country)

Maine

9 NAME OF
FATHER

Frederick H. Willingham

10 BIRTHPLACE OF
FATHER (City)

Camden

(State or country)

Maine

11 MAIDEN NAME
OF MOTHER

Nancy Smith

12 BIRTHPLACE OF
MOTHER (City)

Camden

(State or country)

Maine

13

Informant

Daughter Mrs. Frances Harris

(Address)

25 Washington Ave, Winthrop Mass

14

Filed

Aug 6, 1927

Berrie L. Dodge

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

8

(Month)

3

(Day)

24

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan

, 1924, to

8/3

, 1924

that I last saw her alive on

8/3

, 1924

and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:

Disease of Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Chronic Nephritis

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

J. A. G. G. G. G. G.

M. D.

(Address)

200 1/2 Main St. W.

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Old 1st. Baptist Ch. Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 5/24

19 UNDERTAKER

Walter T. White

ADDRESS

Winthrop

Official
position

H. C. Daniels

Date of
issue

Aug. 4, 1927

of permit

Permit

NO. 777

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gastrocn, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **unavoidably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or town)
Registered No. 532

City or Town

Winthrop Highlands 104 Highland Ave Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. 645 Fellsway St., Medford Mass

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred

years 2 months

days

How long in U. S., if of foreign birth?

years months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Female White Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE ofHorace W

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.63122

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Plymouth
Mass9 NAME OF
FATHERHorace C Whiston10 BIRTHPLACE OF
FATHER (City)

(State or country)

Plymouth
Mass11 MAIDEN NAME
OF MOTHERJane Stephens12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Plymouth
Mass

13

Informant

(Address)

Horace W Jackson
645 Fellsway Medford

14

Filed

Aug 29, 24
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedH. C. Daniels
A. B. G.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

August 8 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug. 6 1924, to Aug. 6 1924,that I last saw her alive on Aug. 6 1924,and that death occurred, on the date stated above, at 10:15 P. m.

The CAUSE OF DEATH was as follows:

diabetes mellitus
& gangrene
(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

myocarditis
(duration) ____ yrs. ____ mos. ____ ds.17 Where was disease contracted
if not at place of death?Did an operation precede death? no Date of ____Was there an autopsy? noWhat test confirmed diagnosis? urine analysis

(Signed)

Sallie H. Sanders, M. D.

(Address)

92 Woodside Pk. Winthrop

Date

Aug 9 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

New

(Cemetery)

Plymouth

(City or town)

DATE OF BURIAL

Aug 91924

19 UNDERTAKER

A. C. Long Son

ADDRESS

Camb.Official
positionHealth OfficerDate of
issue
of permitAug. 9, 1924

Permit

NO. 783

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housework*), or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), given always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *20 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Genile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information as which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

(City or town)
Registered No.

City or Town

Winthrop

No.

19 Bates Ave.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Margaret Dempsey

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

19 Bates Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

3

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

39

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Bookkeeper

(b) Name of employer

8 BIRTHPLACE (City)

Middletown
Conn.

(State or country)

9 NAME OF
FATHER

Michael

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Margaret Mahon

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

PARENTS

13

Informant

(Address)

James J. Dempsey
19 Bates Ave.

14

Filed

Aug 29 24
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Daniels

a 39

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug

15

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 1, 1924, to Aug 15, 1924,

that I last saw her alive on Aug 15, 1924,

and that death occurred, on the date stated above, at 10:45 p.m.

The CAUSE OF DEATH was as follows:

Carcinoma of breast -

(duration) 1 1/2 yrs. ____ mos. ____ ds.

CONTRIBUTORY

Bronch. pneumonia

(SECONDARY)

(duration) ____ yrs. ____ mos. 2 ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Yes. Date of July 10. 24

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic.

(Signed) Edward J. Franzen, M. D.

(Address)

7

Iwin St.

Date

Aug

16

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Johns Middletown Conn

(Cemetery)

(City or town)

DATE OF BURIAL

8/18/24

19 UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

Official

position Health Officer

Date of
issue of
permit

8/16/24

Permit

NO.

784

N. B. - WHITE PLAIN, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupation of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . .* (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic reticular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemias" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Icteric," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all deaths resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.* . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Winthrop.
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

1

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1924, to Aug 16, 1924,

that I last saw him alive on Aug 16, 1924,

and that death occurred, on the date stated above, at 2:48 p.m.

The CAUSE OF DEATH was as follows:

Chronic Endocarditis

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis?

(Signed)

Edward J. Fraenger, M. D.

(Address)

78 Morris St.

Date

Aug 16

(Day)

1924

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 18, 1924

19 UNDERTAKER

ADDRESS

Official
positionJohn F. O'Malley
Health OfficerDate of
issue of permit

Aug 18, 1924

Permit
NO.

7885

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection upon which time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia."); *Labor pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of* (name of organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

7-305
should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See reverse side for extracts from the laws of the Commonwealth and instructions.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Newburyport

(City or Town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)

1 PLACE OF DEATH

County Essex State Mass Registered No. _____ (Place of death) Registered No. _____ (Place of residence)
City or Town Newburyport No. Anna Jacques Hospital St. 6 Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Vasilios Georgountzos

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 117 Revere St. _____ Ward Winthrop, Mass.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months 1 days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

1901

(Year)

7 AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

23

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Salesman

(b) Name of employer

9 BIRTHPLACE (city or town)

Arfara,

(State or country)

Greece

10 NAME OF FATHER

John Georgountzos

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Arfara

Greece

12 MAIDEN NAME OF MOTHER

Stavroula Papadopoulos

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Arfara, Greece

14

Informant

Louis Kolofolias

(Address)

59 Jefferson St.

15

Filed

Aug 18, 1924

Registrar of city or town where death occurred

Filed

Sep 6, 1924

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

August 17, 1924

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows:

Fracture of skull; concussion of
brain; intracranial haemorrhage
resulting from falling from or by
being thrown from a moving motor-
cycle. Accidental

(See reverse side for additional space)

18 Where was injury sustained
if not at place of death?

(Signed) Randolph C. Hurd , M.D.

(Address) Newburyport, Mass.

Medical Examiner for 3d Essex Dist.

Date August 17, 1924
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Lowell, Mass.

DATE OF BURIAL

8/19/24
(Month) (Day) (Year)

20 UNDERTAKER

Robert J. Kinney

ADDRESS

Newburyport

21 Burial permit
issued by

Official
position

22 Date of
issue

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise

DESCRIPTION (for unknown person)

a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

COPIES OF RECORDS OF DEATHS OF
NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during the previous month, if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

Aug. 17. 1924

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State Mass.

Registered No.

City or Town

WinthropNo. 42 Harbor View Ave.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Helen Caffery

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 520 Fletcher St. Lowell, Mass. Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

1

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.89

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt home

(b) Name of employer

8 BIRTHPLACE (City)

South Andover

(State or country)

Mass.9 NAME OF
FATHERWilliam Caffery10 BIRTHPLACE OF
FATHER (City)

(State or country)

Canada.11 MAIDEN NAME
OF MOTHERSusan Spelman12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Saxton River,
Vermont.

13

Informant Old Ladies' Home.(Address) 520 Fletcher St. Lowell, Mass.

14

Filed Aug. 29 24 Bessie L. Hodge

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.H. C. Daniels
A. B. G.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 18 1924.

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 12 1924, to Aug 18 1924.that I last saw him alive on Aug 17 1924.

and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH was as follows:

Pneumonia(duration) ____ yrs. ____ mos. 6 ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis?

(Signed) Edward J. Frainger M. D.

(Address)

7. I. Union St.

Date

Aug 18 1924.

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Edson
(Cemetery)Lowell
(City or town)

DATE OF BURIAL

8/20/24

19 UNDERTAKER

William H. Saunders

ADDRESS

217 Appleton
Lowell, Mass.Official
positionHealth OfficerDate of
issue
of permit8/19/24Permit
NO.786

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*, *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dobility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Dreima," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or if insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

1 PLACE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSCounty Suffolk

STANDARD CERTIFICATE OF DEATH

Township WinthropState of Massachusetts

Village _____

Registered No. _____

City _____

(No. Station Hospital, Fort Banks, 11th Mass., Ward)[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]2 FULL NAME Female Baby Weaver

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)----

6 DATE OF BIRTH

August 18, 1924
(Month) (Day) (Year)

7 AGE

Still BornIf LESS than
1 day 0 hrs.
or --- min. ?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work----(b) General nature of industry,
business, or establishment in
which employed (or employer)----9 BIRTHPLACE
(State or country)Massachusetts.

PARENTS

10 NAME OF
FATHERBascom Augustus Weaver11 BIRTHPLACE
OF FATHER
(State or country)Arkansas12 MAIDEN NAME
OF MOTHERMabel Nettie Haynes13 BIRTHPLACE
OF MOTHER
(State or country)New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bascom Augustus Weaver(Address) Fort Strong, Mass.

15

Filed Aug 29, 1924

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

August 18, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

191, to 191,that I last saw h --- alive on 191,and that death occurred, on the date stated above, at --- m.

The CAUSE OF DEATH* was as follows:

Stillborn--- (Duration) --- yrs. --- mos. --- ds.Contributory
(SECONDARY)--- (Duration) --- yrs. --- mos. --- ds.(Signed) J. P. W. Layton, M. D.Aug 19, 1924 (Address) Fort Banks, Mass* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OR RECENT RESIDENTS)At place of death --- yrs. --- mos. --- ds. In the --- yrs. --- mos. --- ds.Where was disease contracted,
if not at place of death? ---Former or
usual residence ---

19 PLACE OF BURIAL OR REMOVAL

Winthrop Cemetary

DATE OF BURIAL

Aug. 20, 1924

20 UNDERTAKER

C. R. Benson

ADDRESS

Winthrop, Mass.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *at home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Infantion," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *River boat wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, cellulitis, childbirth, convulsions, hæmorrhage, phlebitis, pyæmia, erysipels, meningitis, miscarriage, necrosis, peritonitis, minimum list suggested will work vast improvement, and its scope can be extended at a later date."

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No. 57 Loring Road St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

16 years

X months

X days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

78

2

13

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Retiree

Decorator

8 BIRTHPLACE (City)

(State or country)

Nantucket

Mass.

9 NAME OF
FATHER

Benjamin G. Gardner

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Nantucket

Mass.

11 MAIDEN NAME
OF MOTHER

Sarah Shrague

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Vinal Haven

Maine

13

Informant

(Address)

Sarah E. Currier

57 Loring Rd. Wmst.

14

Filed

Aug 29 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Davis

a. b. g.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug. 19, 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 30, 1924, to Aug. 19, 1924

that I last saw him alive on

Aug. 19, 1924

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH was as follows:

Chronic Bronchitis
Chronic myocarditisCONTRIBUTORY
(SECONDARY)Chronic nephritis
(duration) 4 yrs. mos. ds.17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

B. W. Dickinson, M.D.

(Address)

Wmst. Prof. Moir

Date

Aug. 20, 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn

(Cemetery)

Wmst.

(City or town)

DATE OF BURIAL

8/22/24

19 UNDERTAKER

C. R. Sumner

ADDRESS

Wmst.

Official
position

Health Officer of permit Aug. 20, 1924 No. 788

Permit

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia,"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlobitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No. 1162

City or Town

Boston

No.

293 Main Street

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

James F. Farmer

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

293 Main Street

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

20 years

months

days.

How long in U. S., if of foreign birth?

89

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Clara M. Finnegan

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

39

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Real Estate

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Coral,
Maine9 NAME OF
FATHER

James Farmer

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Benedict
Maine11 MAIDEN NAME
OF MOTHER

Ann Ambrose

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Benedict
Maine

13

Informant

Mrs. Clara Farmer

(Address)

293 Main Street Boston

14

Filed

Aug 29 24

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedR. C. Daniels
9.3.9.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug. 19 24
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 28, 1924, to Aug 18, 1924,

that I last saw him alive on Aug 18, 1924,

and that death occurred, on the date stated above, at 12.30 a. m.

The CAUSE OF DEATH was as follows:

chronic myocarditis.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. 2 mos. + ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____ If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis?

(Signed)

E. A. 2 Smith

M. D.

(Address)

2 Arthur St. B.

Date

Aug 15 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Holy Cross Cemetery

Aug 21st 1924

19 UNDERTAKER

ADDRESS

Richard L. Smith

East Boston

Official
position

Health Officer

Date of
issue
of permit

Aug 20 1924

Permit

NO.

789

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* or who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic adnalar heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d day*; *Bronchopneumonia* (secondary), *10 day*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, eclampsia, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Dr. Booth Orient Heights, East Boston

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 20, 1924, to Aug 20, 1924

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Thrombocytosis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Official position

Date of
issue

of permit

Permit

NO.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Comman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, home, who are engaged in the duties of the household only (not paid wife, *Housework*, or *At home*, and children, not gainfully employed, as occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or incurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 28 days; *Bronchopneumonia* (secondary), 10 days. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by the violence. —*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

13, 541

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County

State

Registered No.

City or Town

Ward

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13 Informant

(Address)

14 Filed

(Month) (Day) (Year)

REGISTRAR

20 Burial permit
issued byOfficial
position

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:Natural causes:
Presumably Cardio-
vascular disease.

(Sudden death.)

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

George Eugene Mignott, M.D.

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

(Month) (Day) (Year)

19 UNDERTAKER

ADDRESS

Permit
No.

17635

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 48, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Aug. 20. 24

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Tewksbury

(City or town)

1 PLACE OF DEATH

County Middlesex

State Mass.

Registered No. 275

(Place of death)

City or Town Tewksbury

No. State Infirmary

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George J. Neeley

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.
(Usual place of abode)

City or Town Winthrop

No.

St.

Length of residence in city or town where death occurred

7 years

2 months

27 days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

50

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Grocery Clerk

(b) Name of employer

8 BIRTHPLACE (city or town)

Providence

(State or country)

Rhode Island

9 NAME OF
FATHER

Joseph Neeley

10 BIRTHPLACE OF
FATHER (city or town)

Not learned

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Margaret Carbon

12 BIRTHPLACE OF
MOTHER (city or town)

Not learned

(State or country)

Ireland

13

Informant

Hospital, Tewksbury

(Address)

St. Michaels, Dept.

14

Filed 8/23/ 19 24

Registrar of city or town where death occurred

Filed Sep 12, 19 24

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug. 23 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 26, 19 17 to Aug. 23, 19 24

that I last saw him alive on Aug. 23, 19 24,

and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH was as follows:

Tubes Dorsalis

More than

(duration)

ysr.

1 mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

ysr.

- mos.

ds.

17 Where was disease contracted

if not at place of death?

Unknown

Did an operation precede death?

NO

Date of

Was there an autopsy?

NO

What test confirmed diagnosis? Physical Exam.

(Signed) A. K. Drake,

M.D.

(Address) State Infirmary, Tewksbury,

Date

Aug. 23,

1924

Mass.

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Tewksbury

Tewksbury

Aug. 28/24

(Cemetery)

(City or town)

19

19 UNDERTAKER

ADDRESS

H. Louis Farmer

Tewksbury

so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificates required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 88, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 28 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, melinitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No. 1162

(City or town)

City or Town

Boston

No.

439 Winthrop Street

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Dorothy H. Curtin

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

439 Winthrop Street

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

2

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

-

6 AGE

24

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Factory Worker

(b) Name of employer

General Electric Co.

8 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

9 NAME OF
FATHER

Thomas Curtin

10 BIRTHPLACE OF
FATHER (City)

Cambridge

(State or country)

Mass.

11 MAIDEN NAME
OF MOTHER

Abbie Sullivan

12 BIRTHPLACE OF
MOTHER (City)

East Boston

(State or country)

Mass.

13

Informant

Thomas Curtin Father

(Address)

439 Winthrop Street

14

Filed

Aug 29 24

(Month)

(Day)

(Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H.C. Daniels

A.B. 9

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug

25

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 24, 1924, to Aug 25, 1924,

that I last saw her alive on Aug 25, 1924,

and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH was as follows:

Lung abscess

(duration) ____ yrs. ____ mos. 14 ds.

CONTRIBUTORY

(SECONDARY)

Lobar pneumonia

(duration) ____ yrs. ____ mos. 11 ds

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? 439 Winthrop Street, Mass.

Was there an autopsy? No Under One Year, Was Body Disposed?

What test confirmed diagnosis? X-ray & autopsy

(Signed)

T. W. Layton

M. D.

(Address)

Winthrop Mass

Date

Aug

27

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Holy Cross, Boston

Aug 28th 1924

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

West Boston.

Official position

Health Officer

Date of issue
8/28/24Permit
NO. 792

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *occupations of persons engaged in domestic service for wages*, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Broncho pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia," "Hæmaturia," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Coma," "Convulsions," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; he otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposablely due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

The Commonwealth of Massachusetts

Wintthrop

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOARD OF HEALTH PHYSICIAN'S CERTIFICATE OF DEATH

To be used only in case there is no attending physician or if for sufficient reason the attending physician's certificate cannot be obtained early enough for the purpose of granting a burial permit, as provided by Revised Laws, Chapter 78, Section 38.

1 PLACE OF DEATH

County

City

State

No.

Registered No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

If STILLBORN, enter that fact here

or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant
(Address)

15

Filed Aug 29, 1924
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

1924
(Year)

17

I HEREBY CERTIFY, That I have ascertained the
nature of the disease from which the person above-named died, and that
the CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH. (See reverse side for additional
space and instructions.)

Probably.

General hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No

Date of

Was there an autopsy? No

What test confirmed diagnosis? Primal inquiry

(Signed)

R. B. Parker

M.D.

(Address)

Wintthrop

Mass

Date

Aug

(Month)

25

(Day)

1924

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wintthrop. Wintthrop Mass

Aug 27 19 24

20 UNDERTAKER

ADDRESS

Chas. R. Burroughs

Wintthrop

Permit issued by H. E. Doyle, Health Officer - 8/26/24. Permit No. 490

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death, where contracted, the duration of his last illness, when last seen alive by the physician and the date of his death. . . . — *Revised Laws, Chap. 29, Sects. 10 and 1, as amended by Acts of 1910, Chap. 392.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or if a physician, or the chairman of the board of health, or a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner of cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons **found dead**.

Notice to Undertakers: No embalming fluid, or any substance thereof, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

Statement of Cause of Death. — Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerbrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., (*Carcinoma*, etc., of (name origin; "Cancer", is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia", "Coma", "nearly symptomatic", "Atrophy", "Collapse", "Senile", etc.); "Convulsions", "Debility", "Congenital", "Hemorrhage", "Inanition", "Exhaustion", "Heart failure", "Shock", "Uremia", "Weakness", etc." When a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal", *peritonitis*, etc. State cause of death in each surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* suicide. Determine definitely. Examples: *Accidental drowning*; *Struck by railway train* — *accident*; *Rebeller wound of head* — *homicide*; *Poisoned by carbolic acid* — *probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethargy*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

No.

162 Washington Ave. South
(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2 FULL NAME

Rose A. O'Connell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

26 Allen

St.

Ward

Boston

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

23

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

School Teacher

(b) Name of employer

City of Boston

8 BIRTHPLACE (City)

(State or country)

Boston

9 NAME OF
FATHER

John

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Ann Lweeney

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

(Address)

Marguerite O'Connell

162 Washington Ave

14

Filed

Aug 29 24
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug
(Month)

26
(Day)

1924
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug. 10, 19**24**, to **Aug 26**, 19**24**.

that I last saw her alive on **Aug. 26**, 19**24**.

and that death occurred, on the date stated above, at **4:30 P.m.**

The CAUSE OF DEATH was as follows:

Brucella Pneumonia

(duration)

ys.

mos.

16 ds.

CONTRIBUTORY

(SECONDARY)

Endocarditis (Chronic)

(duration)

ys.

mos.

? ds.

17 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death? **no** Date of

Was there an autopsy? **no**

What test confirmed diagnosis?

(Signed)

Edward J. Frainger

M.D.

(Address)

7 Franklin St.

Date

Aug
(Month)

27
(Day)

1924
(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Joseph's R. R. Co.
(Cemetery) (City or town)

DATE OF BURIAL

Aug 29 1924

19 UNDERTAKER

Jos. L. Burke

ADDRESS

15 Union St.
Boston

Official
position

Health Officer

Date of
issue

8/28/24

Permit

No. **793**

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels
9.3.9.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, *first*, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death, 89 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Colic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 43.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 89, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 83, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths apparently due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 1162
City or Town Boston Within No. Winthrop Community Hospital Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Male Darcy

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 41 Armadine Street Boston Ward. _____
(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months 2 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>		4 COLOR OR RACE <u>White</u>		5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>_____</u>					
6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.	
			<u>2</u>		
If STILLBORN, enter that fact here					
7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At Home</u> (b) Name of employer					
8 BIRTHPLACE (City) (State or country) <u>Winthrop, Mass.</u>					
PARENTS	9 NAME OF FATHER <u>George F. Darcy</u>				
	10 BIRTHPLACE OF FATHER (City) <u>Chelsea, Mass.</u> (State or country)				
	11 MAIDEN NAME OF MOTHER <u>Muriel Reeves</u>				
	12 BIRTHPLACE OF MOTHER (City) <u>Bridgewater, Mass.</u> (State or country)				

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug. 29, 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1924, to Aug 29, 1924, that I last saw him alive on Aug 28, 1924, and that death occurred, on the date stated above, at 1 A. m.
The CAUSE OF DEATH was as follows:
It was Premature baby

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) (duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death? FOR WHAT? no

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____ If Under One Year, Was Baby Breast Fed no

What test confirmed diagnosis? Small size
(Signed) Albert Astum M. D.
(Address) 150 Shore Drive, Winthrop
Date Sept. 2, 1924
(Month) (Day) (Year)

13 Informant George Darcy Father
(Address) 41 Armadine Street Boston

14 Filed Sept 2, 1924
(Month) (Day) (Year) REGISTRAR

18 PLACE OF BURIAL, CREMATION OR REMOVAL Walden, Malden
(Cemetery) (City or town)

DATE OF BURIAL 2nd 1924

19 UNDERTAKER East Boston.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels

Official position Health Officer Date of issue of permit 9/2/24 Permit NO. 797

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metritis*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *48 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Suffolk State MASSACHUSETTS. Registered No. _____
Township Winthrop or Village _____
City _____ No. Station Hospital, Fort Banks, Mass. St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James John O'Shea
(a) Residence. No. Fort Heath, Mass. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced
HUSBAND of Ellen M. O'Shea
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 1, 1880.

7 AGE Years Months Days If LESS than 1 day, --- hrs. or --- min.
43 8 28

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Army

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland
(State or country)

10 NAME OF FATHER Michael O'Shea
11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)
12 MAIDEN NAME OF MOTHER Margaret Shannon
13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Mrs. Ellen M. O'Shea
(Address) Fort Heath, Mass.

15 Filed 9/12, 1924
11-3784 REGISTRAR
Newman Health Officer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 29 1924

17 I HEREBY CERTIFY, That I attended deceased from August 13, 1924, to August 29, 1924,
that I last saw him alive on August 29, 1924,
and that death occurred, on the date stated above, at 1:19 A.m.
The CAUSE OF DEATH* was as follows:

Hemorrhage from duodenal ulcer
complicating acute gangrenous appendicitis

(duration) --- yrs. --- mos. 7 ds.

CONTRIBUTORY
(SECONDARY)

(duration) --- yrs. --- mos. --- ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of Aug. 13, 1924

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological tissue

(Signed) A. H. Greenwell, M. D.
Major, M. C.
5/35 1924 (Address) Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Maiden DATE OF BURIAL 9/1 1924

20 UNDERTAKER C. R. Bennett ADDRESS Winthrop
91-24-774

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

The Commonwealth of Massachusetts

1924,

BOSTON

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**
City or Town **Boston** No. **NEW ENGLAND DEACONESS HOSPT.** Registered No. **7250** (Place of death)
(If death occurred in a hospital or institution, give its NAME instead of street and number) St. **Ward** Registered No. **157** (Place of residence)

2 FULL NAME

FRANK H. JEWELL

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **583 SHIRLEY** St. **St.**
(Usual place of abode) (If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MAR.**

15 DATE OF DEATH **AUG. 29** 1924
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **ISABELL H.**

16 I HEREBY CERTIFY, That I attended deceased from **AUG. 10** 19 **24** to **AUG. 29** 19 **24**
that I last saw him alive on **AUG. 28** 19 **24**
and that death occurred, on the date stated above, at **4.30 A. M.**
The CAUSE OF DEATH was as follows:
CEREBRAL HEMORRHAGE

6 AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
72 **4** **27**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **BARBER**
(b) Name of employer

(duration) yrs. mos. **14** ds.
CONTRIBUTORY **CARDIAC FAILURE**
(SECONDARY) (duration) yrs. mos. **5** hrs.

8 BIRTHPLACE (city or town) **NEW YORK**
(State or country) **N.Y.**

17 Where was disease contracted if not at place of death? Date of
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

9 NAME OF FATHER **GEORGE H.**

10 BIRTHPLACE OF FATHER (city or town) **-----**
(State or country)

11 MAIDEN NAME OF MOTHER **JOSEPHINE SPROULE**

12 BIRTHPLACE OF MOTHER (city or town) **LOWELL**
(State or country) **MASS.**

(Signed) **R. R. WHEELER** M.D.
(Address)
Date **AUG. 29, 1924**
(Month) (Day) (Year)

13 Informant **M. C. BOWIE R. N.**
(Address)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **WINTHROP** DATE OF BURIAL **AUG. 31** 19 **24**
(Cemetery) (City or town)

14 Filed **SEPT. 2** 19 **24** **E. W. M. Glenen** Registrar of city or town where death occurred
Filed **SEPT. 2** 19 **24** Registrar of city or town where deceased resided

19 UNDERTAKER **C. R. BENNISON** ADDRESS **WINTHROP**

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, 2 of certificate. Exact statement of OCCUPATION is very important. See instructions on back

The Commonwealth of Massachusetts

1924, BOSTON
(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State **Massachusetts**

City or Town **Boston**

No. **INFANTS HOSPT.**

St. **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **7293**
(Place of death)
Registered No. **13-8**
(Place of residence)

2 FULL NAME **GEORGE TOOMEY**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**
(Usual place of abode)

City or Town **WINTHROP** No. **28 FAUN BAR AVE** St.

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **S**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
1 **17**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**
(State or country)

9 NAME OF FATHER **WILLIAM H.**

10 BIRTHPLACE OF FATHER (city or town) **GEORGETOWN**
(State or country)

11 MAIDEN NAME OF MOTHER **HELEN BRADY**

12 BIRTHPLACE OF MOTHER (city or town) **NEW BRITAIN**
(State or country) **CONN.**

13 **W.H. TOOMEY**

Informant

(Address)

WINTHROP

14 Filed **SEPT. 3, 1924** **EWM. Glenn**
Registrar of city or town where death occurred

Filed **Sept 3, 1924**
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **AUG. 29** 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **AUG. 29**, 1924, to **AUG. 29**, 1924.

that I last saw him alive on **AUG. 29**, 1924.

and that death occurred, on the date stated above, at **8.15 P.** m.

The CAUSE OF DEATH was as follows:

MALNUTRITION, DIARRHOEA AND ENTERITIS

(duration) yrs. mos. **15** ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) **C.F. MC KHANN**, M.D.

(Address)

Date **AUG. 30**
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

MT. BENEDICT

(Cemetery)

(City or town)

DATE OF BURIAL

AUG. 31

1924

19 UNDERTAKER

J.S. WATERMAN & SONS

ADDRESS

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d* *da.*, *Bronchopneumonia* (secondary), *10* *da.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward:

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

X years

2 months

X days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

67

4

2

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)
(State or country)

Wales

9 NAME OF
FATHER

David

10 BIRTHPLACE OF
FATHER (City)
(State or country)

Wales

11 MAIDEN NAME
OF MOTHER

Catherine Jones

12 BIRTHPLACE OF
MOTHER (City)
(State or country)

Wales

13

Informant

W. C. Taylor

(Address)

5-3 Mahant. on Winthrop St.

14

Filed

Sep. 20/24

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

McDaniel

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

August

30

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 15, 1924, to Aug. 30, 1924

that I last saw him alive on Aug. 30, 1924

and that death occurred, on the date stated above, at 11:20 A.M.

The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

CONTRIBUTORY
(SECONDARY)

(duration) unknown yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

X-Ray of Gastro-intestinal

(Signed)

W. C. Taylor, M. D.

(Address)

Staten Hospital, Ft. Bank, Mass.

Date

Aug. 30

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

9/2/24

19 UNDERTAKER

C. P. Lawrence

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue
of permit

Sept 1, 1924

Permit
No.

796

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or incurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asplenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Drema," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chills, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No.

130 Washington Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Archibald W. Thompson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

130 Washington Ave

St., *2* Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

25 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Ella M. Thompson

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

61

11

8

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) Name of employer

Fish Business

8 BIRTHPLACE (City)

(State or country)

Bermuda

9 NAME OF FATHER

Geo. W. Thompson

10 BIRTHPLACE OF FATHER (City)

(State or country)

Bermuda

11 MAIDEN NAME OF MOTHER

Not Known

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

(Address)

*Wife Ella M. Thompson
130 Washington Ave Winthrop*

14

Filed

Sep. 2, 1924
(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug.
(Month)

31
(Day)

1924
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 2, 1924, to Aug 31, 1924

that I last saw him alive on *Aug 31, 1924*

and that death occurred, on the date stated above, at *9:45* m.

The CAUSE OF DEATH was as follows:

Ch. Interstitial nephritis

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

Frederick J. ... M. D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Cem
(Cemetery)

(City or town)

DATE OF BURIAL

Sep 2/24

19 UNDERTAKER

Walter J. White

ADDRESS

Winthrop

Official position

Health Officer

Date of issue of permit

9, 3, 24

Permit NO.

798

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*; *Carcinoma, Sarcoma, etc.*, or "Cancer" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic indurular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d ds.* *Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases verify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

should be carefully reviewed. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. _____
City or Town Winthrop No. 53 Trident Ave St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Harris Nelson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 53 Trident St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 15 years _____ months _____ days. How long in U. S., if of foreign birth? 60 years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>Esther Nelson</u>		
6 AGE <u>78</u> Years <u>8</u> Months <u>10</u> Days	If LESS than 1 day, _____ hrs. or _____ min.	

15 DATE OF DEATH August 31 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
July 1, 1924, to Aug 31, 1924,
that I last saw him alive on Aug - 30, 1924,
and that death occurred, on the date stated above, at 1.15 m.
The CAUSE OF DEATH was as follows:

Carcinoma of Bladder

(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____
FOR WHAT?

Was there an autopsy? _____ If Under One Year, Was Baby Breast Fed _____

What test confirmed diagnosis? Numer
(Signed) Edward J. Fraumeni, M. D.

(Address) 7 Irving St.
Date Aug 31 1924,
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington DATE OF BURIAL 9/1/24
Nethaland Cem Bys (Cemetery) (City or town)

19 UNDERTAKER 580 ADDRESS Spot.
Mayer Salomonson 100 Hill Ave

Official position Head Officer Date of issue of permit 9/1/24 Permit No. 795

PARENTS	9 NAME OF FATHER <u>Phillips Nelson</u>
	10 BIRTHPLACE OF FATHER (City) (State or country) <u>Russia</u>
	11 MAIDEN NAME OF MOTHER (Unknown.)
	12 BIRTHPLACE OF MOTHER (City) (State or country) <u>Russia</u>

13 Informant Morris Nelson
(Address) 40 Trident Ave, Winthrop

14 Filed Sept 2, 1924
(Month) (Day) (Year) REGISTRAR Mechanic

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 da.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Medfield

(City or town)

1 PLACE OF DEATH

County Norfolk

State Mass.

Registered No. 81

(Place of death)

City or town Medfield

No. State Hospital

Registered No. 139

(Place of residence)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mae Wollcott

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.

City or Town Winthrop

No. 15

Thornton

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years 3

months 19

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

15 DATE OF DEATH

September, 4,

1924.

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from May, 15, 1924, to Sept. 4, 1924

that I last saw her alive on Sept. 5, 1924

and that death occurred, on the dated stated above, at 3:40 a.m.

The CAUSE OF DEATH was as follows:

Acute Ileocolitis

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

30

10

8

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Secretary

(b) Name of employer

8 BIRTHPLACE (city or town)

Winthrop

(State or country)

Mass.

9 NAME OF FATHER

Frederick Wollcott

10 BIRTHPLACE OF FATHER (city or town)

London

(State or country)

England

11 MAIDEN NAME OF MOTHER

Rebecca Wilder

12 BIRTHPLACE OF MOTHER (city or town)

London

(State or country)

England

PARENTS

13

Informant

State Hospital Records

(Address)

Medfield, Mass.

14

Filed

10/4/1924 William W. Everett

Registrar of city or town where death occurred

Filed

10/7/24 19

Registrar of city or town where deceased resided

CONTRIBUTORY Exhaustion from undiagnosed (SECONDARY) Psychosis (duration) about 11 mos. 7 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? NO

Date of

Was there an autopsy? NO

(tests)

What test confirmed diagnosis? Physical & Laboratory

(Signed)

Alexandria Ameer

M. D.

(Address)

Harding, Mass.

Date

Sept. 4, 1924

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

9/6/24 19

19 UNDERTAKER

C. R. Bennison

ADDRESS

Winthrop

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inflammation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "Primary," if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any number of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

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(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

160

City or Town

Boston

No.

70 Atlantic Street

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Margaret Gertrude English

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

70 Atlantic Street

St.,

Winthrop

Ward

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

5 years

months

days

How long in U. S., if of foreign birth?

58 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widowed

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

William English

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

58

2

27

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Boston,
Mass.9 NAME OF
FATHER

Phillip Deane

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Bridget Kelly

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

Daughter Miss E. English

(Address)

70 Atlantic Street

14

Filed

Sep. 12, 24

(Month)

(Day)

(Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept.

(Month)

(Day)

1924

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

9/2

, 1924, to

9/4

, 1924,

that I last saw h

Er

alive on

9/4

, 1924,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage.

(duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY

(SECONDARY)

Arterio Sclerosis
Hypertension

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

If Under One Year: Was Baby Breast Fed

What test confirmed diagnosis?

(Signed)

Michael Hitrich

M. D.

(Address)

54 Shirley Ave.

Date

9/6

Month

(Day)

1924

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Winthrop Cemetery

Sept 7th 1924

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

West Boston.

Official
position

Health Officer

Date of
issue
of permit

Sept 7

Permit
NO.

799

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Coal miner, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) disease need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," "Impaired respiration," "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Transition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Dr. Michael Liviton 64 Shirley Avenue, Revere

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Winthrop
BOSTON
(City or town) 161

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Boston

No.

5 Wave Way Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Winthrop
Jacob Kranetz

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

5 Wave Way Ave.

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

15 years

months

days

How long in U. S., if of foreign birth?

22 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Sarah

6 AGE

49

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Tailor

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Russia

9 NAME OF
FATHER

Morris Kranetz

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

11 MAIDEN NAME
OF MOTHER

Etta cannot be named

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

13

Informant

(Address)

Sarah Kranetz
5 Wave Way Ave.

14

Filed

Sept. 24

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedH. C. Daniel
42

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept. 7, 1924.
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

January, 1924, to Sept. 7, 1924.

that I last saw him alive on Sept. 5, 1924.

and that death occurred, on the date stated above, at 9:50 P. m.

The CAUSE OF DEATH was as follows:

Carcinoma of Gastro-
intestinal
tract

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____ If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis? Operation

(Signed) Albert C. Strain, M. D.

(Address)

150 Shore Drive, Winthrop

Date

Sept. 8, 1924.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Everett Jewish Ceme.
(Cemetery) (City or town)

DATE OF BURIAL

Sept. 8, 1924

19 UNDERTAKER

Maimel Stanetsky

ADDRESS

Boston

Official
position

Health Officer

Date of
issue
of permit

9, 8, 24

Permit
No.

805

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), *29 ds.* *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

should be supplied. AGE must 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

Month Day Year

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

that I last saw h

alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official

position,

Date of
issue
of permit

Permit

NO.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Commissioner*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Statenman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia."); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

163

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

X

X

X

If STILLBORN, enter that fact here

Still Born

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

William Bronson

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Orangeburg
S. Carolina11 MAIDEN NAME
OF MOTHER

Ruth L. Hoover

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Chambersburg
Pa.

13

Informant

Wm Bronson

(Address) -

Fort Banks, Winchit Mass

14

Filed

Sep. 12, 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

L. C. Smith

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept.

9

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept 9, 1924, to Sept 9, 1924,

that I last saw him alive on 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Still born from

Premature Separation of Placenta
with hemorrhage into umbilical
Cord. (duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

Premature separation of placenta

(Signed)

Dr. Schenck Moore, M. D.

(Address)

Fort Banks, Mass

Date

Sept 9 - 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winchit

(Cemetery)

Winchit

(City or town)

DATE OF BURIAL

9/10/24

19 UNDERTAKER

C. P. Smith

ADDRESS

Winchit Mass

Official
position

Health Officer

Date of
issue
of permit

9.10.24

Permit
NO.

502

should be 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (c) *Spinner*, (d) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid home, who are engaged in the duties of the household only) (*Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Pecility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended, during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

I PLACE OF DEATH

County Worcester

State Mass.

Registered No.

(City or town)

164

City or Town Worcester

No. 22

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Arthur H. Donerty

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 22 Reed

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

11

28

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Worcester,
Mass.

9 NAME OF
FATHER

Arthur H. Donerty

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Worcester,
Mass.

11 MAIDEN NAME
OF MOTHER

Mary M. Donerty

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Worcester,
Mass.

13

Informant

(Address)

22 Reed St.

14

Filed

Sept. 17, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept 12

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept 8

, 19

24

to

Sept 12

, 19

24

that I last saw him alive on Sept 12, 1924

and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH was as follows:

acute gastro-enteritis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Bork

M. D.

(Address)

2 Antoin St. E B & C

Date

Sept 12 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official position

Health Officer

Date of

issue

of permit

9/13/24

Permit

No.

845

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Commissioner*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

I PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

165

City or Town

Winthrop

No.

30 Moore St

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Madison Lowell Page

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

30 Moore St

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

7

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

Single

6 AGE

Years

Months

Days

If LESS than 1 day, ____ hrs. or ____ min.

86

4

21

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

Restaurant Owner

8 BIRTHPLACE (City)

North. Belgrade

(State or country)

Me

9 NAME OF FATHER

Label. S. Page

10 BIRTHPLACE OF FATHER (City)

North-Belgrade

(State or country)

Me

11 MAIDEN NAME OF MOTHER

Milinda Bickford

12 BIRTHPLACE OF MOTHER (City)

Belgrade

(State or country)

Me

13

Informant

(Address)

*Chas. E. Page
28 Ancker St. Milton-Mass*

14

Filed

Sep. 16 24
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept.
(Month)

12
(Day)

1924
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept. 2, 1924, to *Sept. 11*, 1924,

that I last saw him alive on *Sept. 12*, 1924

and that death occurred, on the date stated above, at *3-30 A.* m.

The CAUSE OF DEATH was as follows:

Bronch. Pneumonia

(duration) ____ yrs. ____ mos. *6* ds.

CONTRIBUTORY (SECONDARY)

Cholecyctitis

(duration) ____ yrs. ____ mos. *10* ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *h* Date of ____

Was there an autopsy? *h*

What test confirmed diagnosis?

(Signed) *Edward J. Franiger*, M. D.

(Address)

7 Iruin St.

Date

Sept.
(Month)

13
(Day)

1924
(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt. Hope
(Cemetery)

Boston
(City or town)

DATE OF BURIAL

Sept 14
1924

19 UNDERTAKER

C. E. Zimmerman

ADDRESS

Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

L. C. Daniels

Official position

Health Officer

Date of issue of permit

9.3.24

Permit No.

803

REVISÉD UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; it should be used only when needed. As for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; (e) *Farmer*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid home, who are engaged in a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaei*, etc., *Cervicoma, Sarcoma*, etc., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 da; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Emaciation," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State causes for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, gallitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

Sep. 17 1924

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept

12

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 10

1922

to Sept 12

1924

that I last saw him alive on

Sept 12

1924

and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY

(SECONDARY)

Arteriosclerosis

(duration) ? yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Richard D. Hartley

M. D.

(Address)

114 Pleasant St.

Date

Sept 13

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

9/15/24

19 UNDERTAKER

E. R. Benson

ADDRESS

Winthrop

Official position

Health Officer

Date of issue of permit

9/23/24

Permit No.

524

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should only be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic adrenergic heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 28 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gonorrhea, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

BOSTON

(City or town)

167

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 7678 Registered No. 7678
 City or Town Boston No. FERRY BOAT (Place of death) NEWTOWNE (Place of residence)
 (If death occurred in a hospital or institution, give its NAME instead of street and number) St. Ward

2 FULL NAME CHARLES BLOMQUIST

(a) Residence. No. 35 PLUMMER (If in the Army or Navy of the United States, give rank, organization, etc.)
 (Usual place of abode) St. Ward. WINTHROP, MASS.
 (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>MAR.</u>
5a If married, widowed, or divorced HUSBAND of <u>HANNAH</u> (or) WIFE of		
6 AGE <u>59</u>	Years <u>3</u>	Months <u>25</u>
Days <u>25</u>		If LESS than 1 day, <u> </u> hrs. or <u> </u> min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work CAPTAIN R.B. & L.
 (b) Name of employer R.R. FERRY 'NEWTOWNE'

8 BIRTHPLACE (city or town)
(State or country)SWEDEN

9 NAME OF FATHER

CARL J. BLOMQUIST10 BIRTHPLACE OF FATHER (city or town)
(State or country)SWEDEN11 MAIDEN NAME OF MOTHER -----12 BIRTHPLACE OF MOTHER (city or town)
(State or country)-----13 Informant WIFE

(Address)

14 Filed SEPT. 19 192 E. W. M. Glenew
 Registrar of city or town where death occurred

Filed 192
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH SEPT. 16 192 4
 (Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

NATURAL CAUSES, PRESUMABLY CARDIO
VASCULAR DIS. (SUDDEN DEATH)

(See reverse side for additional space)

17 Where was injury sustained
if not at place of death?

(Signed) GEORGE BURGESS MAGRATH, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK CO.

Date SEPT. 16 192 4
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WINTHROP (WINTHROP CEM)

DATE OF BURIAL

SEPT. 18
 (Month) (Day) (Year)

19 UNDERTAKER

C. R. BENNISON

ADDRESS

WINTHROP20 Burial permit
issued by

Official
position

21 Date of
issue

192

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*
. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from **injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Sept. 16. 1924

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed or divorced

HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Official position

Health Officer

Date of issue

of permit

Permit No.

506

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic adnular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Minthrop
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years 4 months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female M.

married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

George B Paige

6 AGE

71

Years

8 Months

5 Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Reading
MA9 NAME OF
FATHER

Amosus K Howard

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Marlow
N. H.11 MAIDEN NAME
OF MOTHER

Jane Adams

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Cambridge
MA

13

Informant

(Address) Mrs M. A Wheeler
230 Bellem St. Newton

14

Filed

Sept. 24/24
(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept

23

1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 12, 1924, to Sept 23, 1924

that I last saw him alive on Sept 20, 1924

and that death occurred, on the date stated above, at 2:30 P. M.

The CAUSE OF DEATH was as follows:

Cerebral Arterio Sclerosis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY
(SECONDARY)

Scurvy

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Clinical

(Signed) C. W. E. Adams, M.D.

(Address) 125 Belmont St. Cambridge

Date Sept 23 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

North Charles St. N. H. Sept 26 1924
(Cemetery) (City or town)

19 UNDERTAKER

Henry J. L. Adams N. H. Newton

Official
position

Health Officer

Date of
issue

Sept 23 1924

Permit

No. 27

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

While FILLING IN THIS CERTIFICATE, PHYSICIANS should state CAUSE OF DEATH

000.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Previous statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Artificer, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dentist," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mining, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, attesting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — Gen. Laws, Chap. 46, Sec. 8.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — Gen. Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.**
- (2) **Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.**
- (3) **Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

Years

Months

Days

How long in U. S., if of foreign birth?

Years

Months

Days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept 26, 1924, to Sept 26, 1924.

that I last saw him alive on _____, 19____.

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official

position

Date of

issue

of permit

Permit

No.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wentworth

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. *171*
City or Town *Wentworth* No. *100 Freeman St.* St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Edward Churchill Blossom*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *100 Freeman* St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred *6* years *X* months *X* days. How long in U. S., if of foreign birth? years months days
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5a If married, widowed or divorced HUSBAND of *Ida M. Blossom* (or) WIFE of
6 AGE Years Months Days If LESS than 1 day, hrs. or min.
56 *2* *27*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Druggist (Pharmacist)*
(b) Name of employer *H. C. Brown Wentworth*

8 BIRTHPLACE (City) *Boston*
(State or country) *Mass*

9 NAME OF FATHER *Henry C. Blossom*
10 BIRTHPLACE OF FATHER (City) *West Barnstable*
(State or country) *Mass*
11 MAIDEN NAME OF MOTHER *Annie M. Gardner*
12 BIRTHPLACE OF MOTHER (City) *Nantucket*
(State or country) *Mass*

13 Informant *Ida M. Blossom*
(Address) *100 Freeman St. Wentworth*

14 Filed *1924*
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Sept. 27 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Sept. 27*, 1924, to *Sept. 27*, 1924, that I last saw him alive on *Sept. 27*, 1924, and that death occurred, on the date stated above, at *3:15 p.m.* The CAUSE OF DEATH was as follows:
Cardio-Renal
(Ch. Myocarditis, Ch. Intestinal (left))
Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) *1* yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *Henry C. Blossom*, M. D.

(Address) *21 - Main*

Date *11-29-1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *West Barnstable - Barnstable*
(Cemetery) (City or town)

DATE OF BURIAL *9/30/24*

19 UNDERTAKER *C. R. Bennett* *Wentworth* *Mass*

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *H. C. Danieff*
Official position *Health Officer* Date of issue *9, 29, 24* Permit NO. *809*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of cause of death—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of (name origin, "Cancer," is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 25 symptoms or terminal conditions, such as "Asbina," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Sente," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Stook," "Tremia," "Weakness," etc., when all diseases resulting from childhood or mismerriage, as "Puerperal puerperia," "Puerperal peritonitis," etc.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, childbirth, convulsions, hemorrhage, gangrene, cellulitis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pneumonia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

46, Sec. 8.

quire.—*Gen. Laws, Chap. 114, Sec. 45.*

of death.—*Gen. Laws, Chap. 88, Sec. 7*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

from disease unrelated to any form of injury

of death is needed.

and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

Suffolk

Massachusetts

(City or town)

County

State

Registered No.

City or Town

Boston
Winthrop

No.

254 Main Street Winthrop St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Driscoll

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. **254 Main Street**

St., **Ward.**

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years **6** months

days

How long in U. S., if of foreign birth?

60 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Marion Winn

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

73

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

Cigar Man'f.

8 BIRTHPLACE (City)

(State or country)

Ireland

9 NAME OF
FATHER

John Driscoll

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Mary Mahoney

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant **Mrs. Marion Driscoll**

(Address)

254 Main Street Winthrop

14

Filed

Oct 23 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. E. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct.

6

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 26, 19**24**, to **Oct 6**, 19**24**,

that I last saw him alive on **Oct 6**, 19**24**,

and that death occurred, on the date stated above, at **9 P. m.**

The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis

(duration) **5** yrs. mos. ds.

CONTRIBUTORY

asthma

(SECONDARY)

(duration) **10** yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT? none.

Did an operation precede death? **no** Date of

Was there an autopsy? **no**

What test confirmed diagnosis?

(Signed)

J. Pay W. Layton

M. D.

(Address)

Winthrop Mass

Date

Oct 8

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Mary's, Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Oct 9th 1924

19 UNDERTAKER

Richard C. McHugh

ADDRESS

Boston

Official position

Richard C. McHugh

Date of issue of permit

Oct 9 '24

Permit

NO.

510

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ; "cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asihema," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Drema," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Oct. 6. 1924
FROM THE LAWS OF THE
EXTRACTS
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 8.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Winthrop
Boston

No.

96 Marshall

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Kathleen E. m^c Rough

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

96 Marshall

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Austin J

6 AGE 47

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

Nova Scotia

(State or country)

9 NAME OF
FATHER

Philip Digdon

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Nova Scotia

11 MAIDEN NAME
OF MOTHER

Annie Smith

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Nova Scotia

13

Informant

Austin J m^c Rough

(Address)

96 Marshall St, Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct

8

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug. 1, 1924, to Oct 8, 1924.

that I last saw her alive on Oct 8, 1924.

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH was as follows:

Acute dilation of heart

CONTRIBUTORY
(SECONDARY)

suddenly

(duration)

yrs.

mos.

ds.

Labor in childbirth

(duration)

yrs.

mos.

1/4 ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? FOR WHAT? Date of NO

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Physical exami
nation. J. S. Valchovian, M.D.

(Address)

5 Nichols St. Chelsea.

Date

10

10

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Oct 11/24

19 UNDERTAKER

Frederick H. Jape

ADDRESS

Winthrop

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

K. O. D.aniel

Official
position

Health Officer

Date of
issue
of permit

11/24

Permit

No. 86

should be 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs*; *meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 89 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicemia," "PERIPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

10

(Month)

5

(Day)

1924

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct. 5, 1924, to Oct 8, 1924,

that I last saw him alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Still born

CONTRIBUTORY

(SECONDARY)

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____ If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis? physical exam.

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross, Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Oct 11/24

19 UNDERTAKER

Frederick H. Jahn

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue

of permit

Permit
NO.

8, 2

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

N. B. - WHITE - FEMALE, WITH UNFADING BLACK HAIR IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH EXACTLY. PHYSICIANS should state EXACTLY. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer" "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *wife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed since up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic typhoid fever (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles* (if whooping cough; *Chronic atetular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 28 ds; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Sedile" etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS,
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

Winthrop No. 190 Pleasant

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Charles Freeman Parker

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 190 Pleasant

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

77

-

26

1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Wholesale Grocer

(b) Name of employer

Business

8 BIRTHPLACE (City)

Nantucket

(State or country)

Mass

PARENTS

9 NAME OF
FATHER

Freeman Parker

10 BIRTHPLACE OF
FATHER (City)

Barnstable

(State or country)

Mass

11 MAIDEN NAME
OF MOTHER

Elizabeth Macy

12 BIRTHPLACE OF
MOTHER (City)

Nantucket

(State or country)

Mass

13

Informant

Clara M Parker

(Address)

190 Pleasant St. Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Danieff

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

10

8

24

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June

1924, to

10-8

1924

that I last saw him alive on

10-8

1924

and that death occurred, on the date stated above, at 11:45 pm.

The CAUSE OF DEATH was as follows:

Angina Pectoris

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

(duration) 1 yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? ~~No~~ Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Harry A. Kelly

M.D.

(Address)

190 Pleasant St.

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn

(Cemetery)

Went

(City or town)

DATE OF BURIAL

Oct 11, 1924

19 UNDERTAKER

Frank P. Brown

ADDRESS

C. Boston

Official
position

Health Officer

Date of
issue

of permit

11/12

Permit

No.

813

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 and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Coal-miner, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*. (b) *Cotton mill*. (c) *Salesman*. (d) *Grocery*. (e) *Foreman*. (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary infection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded. If there is no attending physician, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —Gen. Laws, Chap. 88, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

City or Town of Burlington during the month of Oct 1924

CERTIFICATE OF DEATH

STATE OF VERMONT

No. 940

Place of death:

County ChittendenCity (or) Town Burlington Ward 5Street and No. 150 BankFull Name Eugene Curry

Special Information for Hospitals, Institutions, Transients, or Non-Residents.

Former, or Usual Residence Winthrop, MassHow long at place of death 7 weeks

If in Hospital or Institution give its name

The Spaulbrook Sanitarium

PERSONAL AND STATISTICAL PARTICULARS

Sex M Color or race WSingle, Married
Widowed or Divorced M

Date of birth

Month May Day 7 Year 1854Age 70 years 5 mos. 3 daysOccupation
(If none so state) Travelling SalesmanBirthplace
(State or Country) HinesburgName of husband or wife, if married Irma MyllieName of Father Andrew CurryBirthplace of Father
(State or Country) ItMaiden name of Mother Emily AndrewsBirthplace of Mother
(State or Country) Sheburne, It

The above particulars are true to the best of my knowledge and belief.

Informant Mrs. Eugene CurryAddress Winthrop, MassPlace of burial Chelsea, MassDate of burial Oct 12 - 1924Undertaker J. H. CurneyAddress Burlington, It

To be filled out by person issuing burial permit.

MEDICAL CERTIFICATE AT DEATH

Date of death

Month Oct Day 10 Year 1924I hereby certify that I attended the deceased from
Aug 19 1924 to Oct 10 1924that I last saw him alive on Oct 9 1924and that death occurred on the date stated above at 6 A.M.

To the best of my knowledge and belief the cause of death was as follows:

CAUSE OF DEATH

(See instructions on back)

Chief Cerebral Hemorrhage

Contributing

Duration

Where contracted

Signed Sam. Spaulbrook

M. D.

Date Oct 10 1924

Address

Filed Oct 11 1924

218
Eugene Curry
Oct. 10. 1924

I hereby certify that the foregoing is a true copy.

.....
Town Clerk.

.....
Dec. 22 1924

Section 3777. Non-Residents; Certified Copies.

Certified copies when parties are non-residents. Said clerk shall, on the first day of each month, make a certified copy of all births, marriages and deaths filed in his office during the preceding month, whenever the parents of a child born, or a bride or a groom or a deceased person was a resident in any other town at the time of such birth, marriage or death, and shall transmit such certified copies to the clerk of the town in which such parents of a child born, the bride or the groom or the deceased was a resident at the time of such birth, marriage or death; and the clerk receiving such copies shall file the same.

These blanks may be obtained of the Secretary of the State Board of Health.

0. B. WHITE LABEL, with one additional line
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.

The Commonwealth of Massachusetts

Cambridge

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MiddlesexState Mass.Registered No. 1349

(City or town)

City or Town CambridgeRegistered No. Charlesgate Hospital

(Place of residence)

No. St. Ward St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Samuel Stiller

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.City or Town Winthrop No. 566 Shirley St. St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Mar.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEva6 DATE OF BIRTH (month, day, and year) ----

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.5400

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workTailor

(b) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Russia

PARENTS

10 NAME OF FATHER

Abraham Stiller

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Russia

12 MAIDEN NAME OF MOTHER

Susie Cars

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Russia

14

Informant

(Address)

Harry StillerWinthrop, Mass.

15

Filed

Oct. 13, 1924

Registrar of city or town where death occurred

Filed

Jan 2, 1925

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11, 1924

17

I HEREBY CERTIFY, That I attended deceased from

Oct. 1, 1924 19....., to Oct. 11, 1924 19.....,that I last saw him..... alive on Oct. 11, 1924 19.....,and that death occurred, on the date stated above, at 12.55 P.

The CAUSE OF DEATH* was as follows:

Pyonephrosis rt. with calculi

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Circulation failure(duration) 75 --- mos. 1 ds.18 Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

John H. Cunningham(Signed) Oct. 11, 1924 M.D.(Address) Gloucester St. Boston

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Pride of Jacob, W. Rox. Oct. 12, 1924

20 UNDERTAKER

Manuel Stanetsky

ADDRESS

Boston

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not casually employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesenteric Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric disease causing death, 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Lebidity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop

~~BOSTON~~

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

~~Boston~~

Winthrop

46 Pleasant Park Road

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sarah Agnes Nyman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 46 Pleasant Park Rd. St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

9 years

2 months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

William H. Nyman

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

55

4

6

If STILLBORN, enter that fact here

✓

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Housekeeper

8 BIRTHPLACE (City)

Southbridge, Mass.

(State or country)

9 NAME OF
FATHER

Benajah H. Bugbee

10 BIRTHPLACE OF
FATHER (City)

Farmington, Conn.

(State or country)

11 MAIDEN NAME
OF MOTHER

Emma J. Curtis

12 BIRTHPLACE OF
MOTHER (City)

Southbridge, Mass.

(State or country)

13

Informant

W. W. Nyman

(Address)

46 Pleasant Park Rd.

14

Filed

Oct 15 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

L. E. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

10

12

24

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1924, to Oct 12, 1924

that I last saw him alive on

Oct 12, 1924

and that death occurred, on the date stated above, at 11:00 p. m.

The CAUSE OF DEATH was as follows:

Acute Dilatation of heart

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Chronic Interstitial Nephritis

(duration) 9 yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? No Date of

Was there an autopsy?

If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Bellevue Cemetery, Winthrop, Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

Oct. 15-24

19 UNDERTAKER

J. S. Waterman & Sons

ADDRESS

Boston

Official
positionDate of
issue
of permitPermit
NO.

817

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS AN PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pianist*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"), *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death); *2d day*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside-care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Regi

City or Town

Boston

No.

(If death occurred in a hospital or institution, give its NAME)

2 FULL NAME

Ethel M. Homer

(If in the Army or Navy of the United States, give rank,

(a) Residence, No.

234 Bowdoin

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Edward H. Homer Jr.

6 AGE

Years

Months

Days

If LESS than

1 day, ____ hrs.
or ____ min.

31

7

29

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Chelsea
Mass9 NAME OF
FATHER

John L. Moore

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Newfoundland

11 MAIDEN NAME
OF MOTHER

Velema C. Martin

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Newfoundland

13

Informant

(Address)

Husband, Ethel M. Homer Jr.
234 Bowdoin St., Winthrop, Mass

14

Filed

(Month) (Day) (Year)

Oct 17 1924

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

M. J. P. [Signature]

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct

15

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct

7

, 1924, to

Oct 15

, 1924.

that I last saw him alive on Oct 15, 1924,

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH was as follows:

Broncho pneumonia

(duration) ____ yrs. ____ mos. 10 ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? no Date ofWas there an autopsy? no If Under One Year, Was Baby Breast FedWhat test confirmed diagnosis? Personal Observation

(Signed)

Raymond B. Parker, M. D.

(Address)

Winthrop, Mass

Date

Oct

16

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

Winthrop Cem. Winthrop

(City or town)

DATE OF BURIAL

Oct. 17/24

19 UNDERTAKER

Walter J. White Winthrop

ADDRESS

Official
position

Health Officer

Date of

issue

of permit

10/10/24

Permit

NO.

815

should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK IS AT ALL TIMES NECESSARY. PHYSICIANS should state CAUSE OF DEATH

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *Occupations of persons engaged in domestic service for wages*, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis*; *Diphtheria* (avoid use of "Epidemic cerebrospinal meningitis"); *Typhoid pneumonia* ("Typhoid fever" never report "Typhoid pneumonia"); *Unqualified, unspecified, indeterminate*; *Bronchopneumonia* ("Pneumonia," unqualified, is sufficient); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asystole," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Rebility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Tetanus," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, convulsions, hemorrhage, gangrene, cellulitis, childbirth, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Oct. 15, 1924
EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—Gen. Laws, Chap. 46, Sec. 8.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the cause or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct
(Month)17
(Day)1924
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1924, to Oct 17, 1924

that I last saw him alive on Oct 16, 1924.

and that death occurred, on the date stated above, at 9:45 A. M.

The CAUSE OF DEATH was as follows:

Endocarditis chronic -

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official
position

Health Officer

Date of
issue
of permit

Oct 17, 1924, No. 816

Permit

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*, (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease CAUSING death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name neoplasms); *Malaria* is less definite; avoid use of "Tumor" for malignant *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as *Asphemia*, "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS:

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certification. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration or as to the manner or cause of the death, which can be obtained as to the deceased, require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Registered No.

City or Town

Winthrop

No. 112

Locust

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John C. Sullivan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Winthrop, 112 Locust St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

70

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass

9 NAME OF
FATHER

Patrick

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Maria M. Dermot

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

13

Informant

Mrs Mary M. McKeene

(Address)

12 Locust St.

14

Filed

(Month) (Day) (Year)

Oct 23, 1924

REGISTRAR

20 Burial permit
issued by

W. C. Daniels

Official
position

Health Officer

21 Date of
issue

10/18/24

Permit
No.

817

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

October 17

(Month)

(Day)

(Year)

1924

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:

Natural Causes:

Cardio-vascular disease.

(Sudden death.)

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

Serg. Eugene Maguire

M.D.

(Address)

Medical Examiner for

Suffolk

Date

(Month)

(Day)

(Year)

Oct 17, 1924

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Holy Cross

(Cemetery)

Malden

(City or town)

DATE OF BURIAL

Oct 20, 1924

(Month) (Day) (Year)

19 UNDERTAKER

W. C. Daniels

ADDRESS

Winthrop

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 48, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Dec. 17. 1924

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.

The Commonwealth of Massachusetts

Danvers

(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Essex State Mass. Registered No. _____
(Place of death)
City or Town Danvers Danvers State Hospital Registered No. _____
(Place of residence)
No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

James D. Floyd
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. State Mass. City or Town Winthrop No. _____ St. _____
(Usual place of abode)

Length of residence in city or town where death occurred years _____ months 6 days _____
How long in U. S., if of foreign birth? years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5a If married, widowed, or divorced HUSBAND of (or) WIFE of		
6 AGE <u>52</u>	Years	Months
	Days	If LESS than 1 day, _____ hrs. or _____ min.

15 DATE OF DEATH October 22, 1924.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Oct. 17, 1924, to Oct. 22, 1924.
that I last saw him alive on Oct. 22, 1924,
and that death occurred, on the date stated above, at 4.10 P. m.
The CAUSE OF DEATH was as follows:

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED janitor
(a Trade, profession, or particular kind of work)
(b) Name of employer

General Paresis
(duration) _____ yrs. _____ mos. _____ ds.

8 BIRTHPLACE (city or town) _____
(State or country) Mass.

CONTRIBUTORY (SECONDARY)
(duration) _____ yrs. _____ mos. _____ ds.

9 NAME OF FATHER Albert Floyd

10 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Mass.

11 MAIDEN NAME OF MOTHER Carrie Allen

12 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) New Hampshire

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Guy C. Randall M.D.

(Address) Hathorne, Mass.

Date Oct. 24, 1924.
(Month) (Day) (Year)

13 Informant Clare Powers,
(Address) Hathorne, Mass.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Cem. DATE OF BURIAL 10/25/24.
(Cemetery) (City or town)

14 Filed 10/27/24. A. P. [Signature]
Filed Nov 8, 1924.
Registrar of city or town where death occurred
Registrar of city or town where deceased resided

19 UNDERTAKER Frank E. Brown (E.) Boston
ADDRESS

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d de*; *Bronchopneumonia* (secondary), *10 de*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lebidity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Drema," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal," *septicemia*, "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

— He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

City or Town

Boston

No.

NEW ENGLAND BAPTIST HOSPT

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

NANCY E. LITTLEFIELD

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

141 LORING ROAD

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

42

7

11

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

HOUSEKEEPER

(b) Name of employer

8 BIRTHPLACE (city or town)

LYMAN

(State or country)

ME.

9 NAME OF FATHER

CYRUS K. LITTLEFIELD

10 BIRTHPLACE OF FATHER (city or town)

LYMAN

(State or country)

ME.

11 MAIDEN NAME OF MOTHER

NANCY WELCH

12 BIRTHPLACE OF MOTHER (city or town)

LYMAN

(State or country)

ME.

13

ELSIE M. LITTLEFIELD

Informant

(Address)

14

Filed

OCT. 27, 1924

E. W. McElenen
Registrar of city or town where death occurred

Filed

Dec 3, 1924

Registrar of city or town where deceased resided

15 DATE OF DEATH

OCT. 22ND.

(Month)

(Day)

1924

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

SEPT. 1

, 1924

to

OCT. 22

, 1924

that I last saw h. ER alive on

OCT. 22

, 1924

and that death occurred, on the date stated above, at 8.52A. m.

The CAUSE OF DEATH was as follows:

PRIMARY HYPERTHYROIDISM

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

MYOCARDIAL FAILURE

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death?

YES

Date of SEPT. 9 &

Was there an autopsy?

OCT. 22, 1924

What test confirmed diagnosis?

(Signed)

R. L. MASON

M.D.

(Address)

Date

(Month)

OCT. 22, 1924

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

LYMAN, ME.

(Cemetery)

(City or town)

DATE OF BURIAL

OCT. 25, 1924

19 UNDERTAKER

ADDRESS

F. E. BROWN

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *89 da.*, *Bronchopneumonia* (secondary), *10 da.* Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Lability" ("Congenital," "Sault," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "POST-PARTAL septicemia," "POSTPARTAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 49, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County **Suffolk** State **Massachusetts** Registered No. _____
City or Town **Winthrop** No. **33** St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Hugh P. Treanor**
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. **33 Crystal Cove Ave.** Ward **Winthrop Mass.**
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5a If married, widowed or divorced, HUSBAND of **Sarah** (or) WIFE of _____

6 AGE Years **58** Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **Plumber** (b) Name of employer _____

8 BIRTHPLACE (City) **Canada** (State or country) _____

9 NAME OF FATHER **Peter**

10 BIRTHPLACE OF FATHER (City) **Ireland** (State or country) _____

11 MAIDEN NAME OF MOTHER **Mary Ryan**

12 BIRTHPLACE OF MOTHER (City) **Ireland** (State or country) _____

13 Informant **Sarah Treanor** (Address) **33 Crystal Cove Ave.**

14 Filed _____ (Month) (Day) (Year) REGISTRAR _____

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued **H. C. Daniel**

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **Oct. 27, 1924**
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from **Oct 24, 1924**, to **Oct 27, 1924**, that I last saw him alive on **Oct 24, 1924**, and that death occurred, on the date stated above, at **9 A** m. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? **FOR WHAT?**

Did an operation precede death? _____ Date of _____

Was there an autopsy? **Yes** If Under One Year, Was Baby Breast Fed _____

What test confirmed diagnosis?

(Signed) **C. J. ... M. D.**

(Address) **33 Crystal Cove Ave.**

Date **Oct 27 1924** (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL **Malden** DATE OF BURIAL **Oct 27 1924**
(Cemetery) (City or town)

19 UNDERTAKER **Jos L. Burke** ADDRESS **75 Chamber**

Official position **Health Officer** Date of issue of permit **10 25 24** Permit NO. **8-18**

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—[Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrenæ, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

No.

70 Otis

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Josephine Brown

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

73 Otis

St.

Ward

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Benjamin Brown

6 AGE

Years

Months

Days

If LESS than

78

2

4

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at Home

(b) Name of employer

8 BIRTHPLACE (City)

East Boston

(State or country)

9 NAME OF
FATHER

Thomas W. Bossey

10 BIRTHPLACE OF
FATHER (City)

Germany

(State or country)

11 MAIDEN NAME
OF MOTHER

Elizabeth Peens

12 BIRTHPLACE OF
MOTHER (City)

St. John

(State or country)

D. B.

13

Informant

(Address)

Mr. Cushman
73 Otis St. Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or trans't permit was issued

K. C. Daniel

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

October

26

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept 21, 1924, to October 26, 1924,

that I last saw him alive on Oct 26, 1924,

and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

Immediate (duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Cerebral Hemorrhage

(duration) yrs. mos. ds.

17 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) C. W. E. & J. W. E. M.D.

(Address) Winthrop

Date

October

26

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn

(Cemetery)

Crematorium

(City or town)

DATE OF BURIAL

Oct 28, 1924

19 UNDERTAKER

Frank E. Brown

ADDRESS

East Boston

Official
position

Health Officer

Date of
issue

of permit

10/28/24

Permit

No. 821

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insult," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

13,701

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 39)

County

Suffolk

State

Registered No.

City or Town

Winthrop

No.

52 Cottage Park Road

Ward

(If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME

Edward Berley Morse

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

52 Cottage Park Road

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of (or) WIFE of

Cecilia J. Morse

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

75

8

9

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Architect

(b) Name of employer

8 BIRTHPLACE (City)

Nashua

(State or country)

New Hampshire

9 NAME OF FATHER

Berley Morse

10 BIRTHPLACE OF FATHER (City)

Nashua

(State or country)

New Hampshire

11 MAIDEN NAME OF MOTHER

Lucy B. Alden

12 BIRTHPLACE OF MOTHER (City)

Chatham

(State or country)

New Hampshire

13

Informant

(Address)

Mrs. Morse
52 Cottage Park Rd Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by

H. C. Danahy

Official position

Platte Officer

21 Date of issue

10/25/24

Permit No.

S-20

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct

26

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes,
Cardio-vascular disease
(Sudden death)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed)

George Eugene Maguire

M.D.

(Address)

Medical Examiner for

Suffolk

Date

(Month)

(Day)

(Year)

Oct 27 1924

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

Oct 28 1924

(Month) (Day) (Year)

19 UNDERTAKER

J. S. Waterman & Son Boston

ADDRESS

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER of DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 48, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 8.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Oct. 26. 1924.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Registered No.

City or Town

Winthrop

No.

Fort Banks

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Betty Gordon, Dr. Nemegyeri

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Fort Banks

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

X

years

X

months

24

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

female

White

Widow

5a If married, widowed or divorced

HUSBAND of (or) WIFE of

Rex. Dr. Nemegyeri

6 AGE

Years

Months

Days

If LESS than 1 day, ____ hrs. or ____ min.

86 =

11

5

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) Name of employer

8 BIRTHPLACE (City)

Washington

(State or country)

D.C.

9 NAME OF FATHER

Noble. Young

10 BIRTHPLACE OF FATHER (City)

Baltimore

(State or country)

md

11 MAIDEN NAME OF MOTHER

Adelaid. McWilliam

12 BIRTHPLACE OF MOTHER (City)

St Mary & White Ham

(State or country)

Maryland

13

Informant

Bela. Dr. Nemegyeri

(Address)

2015 - R. St Washington D.C.

14

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

October

27

1974

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct. 3 -

1974

Oct. 27

1974

that I last saw her alive on

Oct. 26

1974

and that death occurred, on the date stated above, at *4 a.* m.

The CAUSE OF DEATH was as follows:

Uremia -

(duration) ____ yrs. ____ mos. *7* ds.

CONTRIBUTORY

Chronic parenchymatous phos.

(SECONDARY)

unknown

(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted

if not at place of death?

Same

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Clinical laboratory

(Signed)

B. Greenman, M.D.

M. D.

(Address)

Fort Banks, Mass

Date

Oct.

27

1974

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Congressional Cemetery Washington D.C.

(Cemetery)

(City or town)

DATE OF BURIAL

10/31/74

19 UNDERTAKER

C.R. Benson

ADDRESS

Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

Official position

Health Officer

Date of issue

10/27/74

Permit NO.

819

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Malaria* (disease causing death), *28 days*; *Bronchopneumonia* (secondary) *10 days*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

02
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.

The Commonwealth of Massachusetts

1924,
STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

8869

(Place of death)

City or Town

Boston

No. PETER BENT BRIGHAM HOSPT.

Registered No.

(Place of residence)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

SADIE RUBIN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

140 CLIFF AVE.

St. --

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

27

2

20

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

BOOK-KEEPER

(b) Name of employer

8 BIRTHPLACE (city or town)

RUSSIA

(State or country)

9 NAME OF
FATHER

LOUIS RUBIN

10 BIRTHPLACE OF
FATHER (city or town)

RUSSIA

(State or country)

11 MAIDEN NAME
OF MOTHER

RACHAEL COHEN

12 BIRTHPLACE OF
MOTHER (city or town)

RUSSIA

(State or country)

13

Informant

M. L. GOODMAN

(Address)

14

Filed NOV. 1, 1924

E. W. M. Glenen
Registrar of city or town where death occurred

Filed Dec. 3, 1924

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

OCT. 29.

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

OCT. 27

1924

to OCT. 29

1924

that I last saw him alive on OCT. 29, 1924

and that death occurred, on the date stated above, at 3.50 A. M.

The CAUSE OF DEATH was as follows:

CHR. MYOCARDITIS

(duration) 8 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

MITRAL STENOSIS

(duration) 2 yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

B. H. MASON

M.D.

(Address)

Date

OCT. 29, 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

MANCHESTER, N. H. (HEBREW CEM)

OCT. 29

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

JOS. P. DEVINE

MANCHESTER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salem*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelible); *Tuberculosis of Lung*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Dysentery," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or marriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by a physician or the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WHITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Winthrop
Boston

No. 164 Pauline

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Iseal Goldstein

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

164 Pauline

St.

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

16 years

months

days.

How long in U. S., if of foreign birth?

40 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Sarah

6 AGE

67

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Funeral-Pedler

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Russia

9 NAME OF FATHER

Koppel Goldstein

10 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

11 MAIDEN NAME OF MOTHER

Rebecca Cannor-beamed

12 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

13

Informant

Sarah Goldstein

(Address)

164 Pauline St.

14

Filed

Nov 6 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

October

31

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Oct 27

1924

to Oct 31

1924

that I last saw him alive on

Oct 31

1924

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH was as follows:

Lobar pneumonia

(duration)

ys.

mos.

ds.

CONTRIBUTORY

Mitral stenosis

(SECONDARY)

(duration)

3

ys.

mos.

ds.

17 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death?

Date of

no

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed) Horace J. Soule

M.D.

(Address)

1804 Winthrop St Winthrop

Date

November

1

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Beth Joseph Cem.

(Cemetery)

(City or town)

DATE OF BURIAL

Nov. 27 1924

19 UNDERTAKER

Mannef Stanetsky

ADDRESS

Boston

Official position

Health Officer

Date of issue

of permit

Permit

No. 823

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Drema," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Winthrop

~~BOSTON~~

(City or town)

1 PLACE OF DEATH

County

City or Town

Suffolk

~~Boston~~

State Massachusetts

Registered No.

No.

Winthrop Hospital St., Ward

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

Bali Slag & Sloters
51 Thornton St., Ward. Revere

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE MARRIED WIDOWED, OR
DIVORCED (write the word)

Male White

Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Winthrop, Mass.

9 NAME OF
FATHER

Julius Sloters

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

11 MAIDEN NAME
OF MOTHER

Rose Martz

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

13

Informant

(Address)

J. Sloters
51 Thornton St.

14

Filed

(Month) (Day) (Year)

Revere

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me

BEFORE the burial or trans. permit was issued

H. C. Daniels

4.10.19

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct. 31 1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19,

that I last saw h. alive on, 19,

and that death occurred, on the date stated above, at, 5 A. m.

The CAUSE OF DEATH was as follows:

Still born

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Louis Siegel, M.D.

(Address)

68 Shire Ave

Date

Oct. 31 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Beth Israel Cem. Everett

(Cemetery)

(City or town)

DATE OF BURIAL

Oct. 31 1924

19 UNDERTAKER

Mameel Staneksky

ADDRESS

Boston

Official position

Health Officer

Date of issue of permit

Oct. 31 1924

Permit No.

822

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninges*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphasia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Dementia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, where last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 48.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No. 110

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. 110 Summit Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

George W. Lawler

6 DATE OF BIRTH

May

8

1852

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

72

5

30

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)East Boston
Mass.

PARENTS

10 NAME OF
FATHER

William D. Sperry

11 BIRTHPLACE OF
FATHER (City)

Scotland

(State or country)

12 MAIDEN NAME
OF MOTHER

Sarah Eaton

13 BIRTHPLACE OF
MOTHER (City)

Delfast Me

(State or country)

14

Informant

(Address)

Paula M. Lawler
110 Summit Ave

15

Filed

Nov 10 1924

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

F. J. Daniels

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov

7

1924

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

June 1 - 1924, to November 7, 1924,

that I last saw him alive on November 7 - 1924,

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH was as follows:

Carcinoma of Intestines

(duration) yrs. 5 mos. 6 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. Frauger

M.D.

(Address)

79 Main St.

Date

Nov

7

1924

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Woodlawn
(Cemetery)Brewster
(City or town)

Nov 10 1924

20 UNDERTAKER

ADDRESS

Frank C. Brown East Boston

Official
positionDate of
issue

Nov 8 24

Permit

No. 825

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Artist*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesenteric Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 1, as amended by Acts of 1910, Chap. 582.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 6.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

~~Boston~~

Wintthrop

No.

17 South

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ellen Jamieson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

17 South

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

1

years

3

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a If married, widowed or divorced

HUSBAND of

(or) WIFE of

Widow of David Jamieson

6 AGE

85

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

at home

8 BIRTHPLACE (City)

(State or country)

Ireland

9 NAME OF FATHER

Edward Joach

10 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME OF MOTHER

unknown

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

13

Informant

(Address)

Mary Ann
17 South Wintthrop

14

Filed

Nov. 10, 1924

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. D. Apple

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov.

7

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

5 years ago, 19__ to Nov 6, 1924

that I last saw her alive on Nov 6, 1924

and that death occurred, on the date stated above, at 8:15 P.M.

The CAUSE OF DEATH was as follows:

Myocardial Infarction

CONTRIBUTORY

(SECONDARY)

(duration) 2 yrs. mos. ds.

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? Date of 10 -

Was there an autopsy? No.

What test confirmed diagnosis?

Autopsy

(Signed)

Harriet A. Seibley, M. D.

(Address)

18 South Avenue, Boston

Date

Nov.

8

(Month)

(Day)

(Year)

Oct 30

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross, Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Nov 12 1924

19 UNDERTAKER

David L. Doolan

ADDRESS

Official position

Wintthrop

Date of issue of permit

Nov 10 1924

Permit No.

824

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, home, who are engaged in the duties of the household only (not paid wife, *Housework*, or *At home*, and children, not gainfully employed, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia."); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc.; Carcinoma, Sarcoma*, etc., of . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendation on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . .—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 8.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

City or Town

Winthrop.

No. 21.

Sturgis

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Cora Bell Skise

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

21 Sturgis

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

6 years

— months

— days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed.

5a If married, widowed or divorced

HUSBAND or (or) WIFE of

Alfred D. Skise

6 AGE

Years

Months

Days

If LESS than 1 day, ___ hrs. or ___ min.

60

—

15

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home.

(b) Name of employer

8 BIRTHPLACE (City)

Bluehill.

(State or country)

Maine.

9 NAME OF FATHER

Albert H. Couant.

10 BIRTHPLACE OF FATHER (City)

Unable to obtain.

(State or country)

11 MAIDEN NAME OF MOTHER

Catherine Johnson.

12 BIRTHPLACE OF MOTHER (City)

Bluehill.

(State or country)

Maine.

13

Informant

Fred A. Emell.

(Address)

14

Filed

Nov. 10, 1924

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov. 8, 1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 2, 1924 to Nov. 8, 1924

that I last saw him alive on Nov. 8, 1924

and that death occurred, on the date stated above, at 12:55 P. m.

The CAUSE OF DEATH was as follows:

Chronic myocarditis,
Chronic hepatitis,
Coronary arteriosclerosis

(duration) 5 yrs. ___ mos. ___ ds

CONTRIBUTORY

(SECONDARY)

Pneumonia

(duration) ___ yrs. ___ mos. 3 ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

G. W. Nicholson M. D.

(Address)

Winthrop, Mass.

Date

Nov. 10, 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Cedar Grove Dorchester.

(Cemetery)

(City or town)

DATE OF BURIAL

Nov. 11, 1924

19 UNDERTAKER

Charles R. Benson.

ADDRESS

Winthrop.

Official position

Health Officer

Date of issue

of permit

11/10/24

Permit

NO.

826

INSTRUCTIONS:—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. No very item of information should be carelessly 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 and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more, precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is—"Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Pneumia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, callulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 36, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 36, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)

1 PLACE OF DEATH

County SUFFOLK State MASS. Registered No. 9224
(Place of death) (Place of residence)
City or Town BOSTON No. CHILDRENS HOSPT. St. St. Ward St.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

FREDERIC LOOMIS

(a) Residence. No. 12 PALMYRA AVE. St. St. Ward WINTHROP MASS.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE 3 Years 11 Months 24 Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECÉASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) FITCHBURG
(State or country)

10 NAME OF FATHER FREDERIC C.

11 BIRTHPLACE OF FATHER (City) WINSTEAD
(State or country) CONN.

12 MAIDEN NAME OF MOTHER ANNIE L. PARKHURST

13 BIRTHPLACE OF MOTHER (City) EVERETT
(State or country)

14 Informant FATHER
(Address)

15 Filed NOV. 13 E. W. McGlennen
Registrar of city or town where death occurred

Filed Nov 3 1924
(Month) (Day) (Year) Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH NOV. 9. 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

ABSCESS OF ILIAC REGION, LEFT, WITH ASSOCIATED PERITONITIS, CAUSE UNKNOWN (JURISDICTION TAKEN BECAUSE OF HISTORY OF MINOR INJURIES SUSTAINED FOL: A MOTOR VEHICLE ACCIDENT ON AUG. 16)

(See reverse side for additional space)

18 Where was injury sustained if not at place of death?
(Signed) GEORGE BURGESS MAGRATH, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK CO.

Date NOV. 10, 1924
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL FITCHBURG DATE OF BURIAL NOV. 11
(Month) (Day) (Year)

20 UNDERTAKER J. S. WATERMAN & SONS CO. ADDRESS

21 Burial permit issued by Official position

22 Date of issue

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.***

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known. otherwise

a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

COPIES OF RECORDS OF DEATHS OF NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during the previous month, if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person)

Nov. 7. 1924

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No.

95 Main St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Marion Forest Milne

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

95 Main

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

1 years *4* months

days

How long in U. S., if of foreign birth?

1 years *4* months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a If married, widowed or divorced

HUSBAND OF (or) WIFE OF

of William R. Milne

6 AGE

Years

80

Months

10

Days

21

If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Glasgow

Scotland

9 NAME OF FATHER

Robert Kelly

10 BIRTHPLACE OF FATHER (City)

(State or country)

Scotland

11 MAIDEN NAME OF MOTHER

Mary McEllen

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Scotland

13

Informant

Annie S. Truesdale

(Address)

95 Main St Winthrop

14

Filed

Dec. 3, 24

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

November 14

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

August 15, 1924, to November 10, 1924

that I last saw him alive on *November 10, 1924*

and that death occurred, on the date stated above, at *4 A* m.

The CAUSE OF DEATH was as follows:

Chronic Pyelonephritis

Unknown (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

Cardiac Failure - due to arteriosclerosis (duration) ____ yrs. *3* mos. ____ ds

17 Where was disease contracted? if not at place of death? *Unknown*

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) *Mary S. Truesdale* M. D.

(Address) *95 Main St Winthrop*

Date *November 17* *1924*

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Nov 19/24

19 UNDERTAKER

Chas R. Bennett

ADDRESS

Winthrop

Official position: *Health Officer* Date of issue of permit: *11/19/24* Permit NO. *897*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*; (b) *Grocery*; (a) *Foreman*; (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Winthrop.

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~

I PLACE OF DEATH

County ~~Suffolk~~ Suffolk. State Massachusetts Registered No. _____
City or Town ~~Boston~~ Winthrop. 36 Waldemar Ave. St., _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Catherine L. Craib

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 36 Waldemar Ave. Ward. _____
(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.

5a If married, widowed or divorced HUSBAND of (or) WIFE of Charles G. Craib

6 AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
70

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) Name of employer

8 BIRTHPLACE (City) Boston Mass.
(State or country)

9 NAME OF FATHER Thomas Cass

10 BIRTHPLACE OF FATHER (City) Ireland.
(State or country)

11 MAIDEN NAME OF MOTHER Adeline L. Richardson

12 BIRTHPLACE OF MOTHER (City) Boston Mass.
(State or country)

13

Informant C. G. Craib
(Address) 36 Waldemar Ave.

14

Filed Dec 3 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 17 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 12, 1924, to Nov 17, 1924, that I last saw her alive on Nov 17, 1924, and that death occurred, on the date stated above, at 11:15 P m. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. ____ mos. ____ ds.
CONTRIBUTORY Valvular heart disease
(SECONDARY) (duration) ? yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? no Date of no

Was there an autopsy? If Under One Year, Was Baby Breast Fed No

What test confirmed diagnosis?

(Signed) Horace Soule M. D.
(Address) 180 Winthrop St Winthrop
Date November 18 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REM.

Mt. Auburn Cem Cambridge. Nov 20
(Cemetery) (City or town)

DATE OF BURIAL

19 UNDERTAKER

J. S. Waterman & Son Boston

ADDRESS

Official position Health Officer Date of issue of permit 11/19/24 Permit NO. 820

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archivist, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases*, *peritonema*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubercular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhages," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease may be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State causes for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . —*Gen. Laws, Chap. 46, Sec. 9*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumas (including resulting septicemias), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a/If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 1, 1924, to Nov. 18, 1924

that I last saw him alive on Nov. 18, 1924

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH was as follows:

myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) carcinoma of stomach

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Mahoney M.D.

(Address) 366 North St.

Date Nov. 17, 1924

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Cemetery

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

J. J. Mahoney

Official position Health officer

Date of issue 11/20/24

Permit No. 8129

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*, (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the true cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1924,

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

9496

(Place of death)

City or Town

Boston

No.

HART HOSPT.

Registered No.

(Place of residence)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

JENNIE SHORE

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

26 BEACON

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

NATHAN SHORE

6 AGE

Years

Months

Days

If LESS than

27

1 day,.....hrs.

or.....mo.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

HOUSEWIFE

(b) Name of employer

8 BIRTHPLACE (city or town)

BROOKLYN

(State or country)

N.Y.

9 NAME OF FATHER

MAX KATZ

10 BIRTHPLACE OF FATHER (city or town)

AUSTRIA

(State or country)

11 MAIDEN NAME OF MOTHER

BERTHA GARSHYT

12 BIRTHPLACE OF MOTHER (city or town)

AUSTRIA

(State or country)

13

Informant

ALBERT HARRIS

(Address)

14

Filed NOV. 22, 1924

E. W. M. Glenen
Registrar of city or town where death occurred

Filed Dec. 3, 1924

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

NOV. 19

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

OCT. 18

19 24 to

NOV. 19

1924

that I last saw him alive on NOV. 19, 1924

and that death occurred, on the date stated above, at IP. m.

The CAUSE OF DEATH was as follows:

ABDOMINAL OPR. FOR ANTEFLEXED UTERUS

(duration)

27

hrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

PULM. EMBOLISM

(duration)

hrs.

mos.

13 HRS

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of OCT. 27, 1924

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

N. R. MASON

M.D.

(Address)

Date

NOV. 20, 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

BROOKLYN, N.Y.

NOV. 20, 1924

(Cemetery)

(City or town)

19 UNDERTAKER

ISRAEL EINSTEIN

ADDRESS

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*. *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Declarer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death, 89 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the places where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Boston
Winthrop

No.

171 Shore Drive

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

David Baskin

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

171 Shore Drive

St.,

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

3

years

months

days

How long in U. S., if of foreign birth?

15

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of (or) WIFE of

Sarah

6 AGE

44

Years

Months

Days

If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Builder

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Russia

9 NAME OF FATHER

Nathan Baskin

10 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

11 MAIDEN NAME OF MOTHER

Esther cannot be learned

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

13

Informant

Mrs. S. Baskin

(Address)

171 Shore Drive

14

Filed

Dec 3/24

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Danilevsky

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov.

25

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March

1924

to Nov.

23

1924

that I last saw him alive on

Nov. 23

1924

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH was as follows:

Carcinoma of Intestines

(duration) 1-2 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

not known

FOR WHAT?

Did an operation precede death?

Date of

Was there an autopsy?

no

If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis?

(Signed)

Robert Astum

M. D.

(Address)

150 Shore Drive, Winthrop

Date

Nov.

25

1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Adath Israel Cem.

(City or town)

DATE OF BURIAL

Nov. 26/24

19 UNDERTAKER

Mannul Stanetsky

ADDRESS

Boston

Official position

Registrar

Date of issue

of permit

11/28/24

Permit NO.

830

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. **Examples:** (a) *Stonemason*, (b) *Cotton mill*; (c) *Salesman*, (d) *Grocery*; (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, gallblitis, childbirth, convulsions, hemorrhage, gastrone, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting asphyxia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed Dec. 3, 1924
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

November 25 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

_____, 1919, to Nov 25 1924;
that I last saw her alive on Nov. 25, 1924

and that death occurred, on the date stated above, at 8 P.m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage.

(duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY
(SECONDARY)Arterio Sclerosis
(duration) 5 yrs. + mos. ds17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No 1240+

What test confirmed diagnosis? Systolic Blood Press

(Signed) Horace E. Bragdon, M. D.

(Address) 76 Central St. East Boston

Date Nov 26 1924 Mass
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn Cemetery Everett
(Cemetery) (City or town)

DATE OF BURIAL

Nov 28-24

19 UNDERTAKER

ADDRESS

Frank E. Brown East Boston

Official position, Health Officer

Date of issue of permit 11/28/24 Permit No. 831

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.* of (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely synomimatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Master
BOSTON

1 PLACE OF DEATH

County **Suffolk**

State **Massachusetts** Registered No. _____

City or Town **Boston** No. *Northampton* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baley Kenney (Stillborn)

(a) Residence, No. *56 Baywood Ave* St. _____ Ward *E. 13* Boston
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

If STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Northampton Mass

9 NAME OF FATHER

Nicolas

10 BIRTHPLACE OF FATHER (City)

(State or country)

Cambridge Mass

11 MAIDEN NAME OF MOTHER

Nicola's (sic) Acquino

12 BIRTHPLACE OF MOTHER (City)

(State or country)

New York N. Y.

13

Informant

(Address)

*Nicolas Kenney
56 Baywood Ave E. 13*

14

Filed

Dec. 3/24
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

He Danis

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov 26
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Nov 19 26, 19 *26*, to *Nov 26*, 19 *26*

that I last saw her alive on *Nov 26*, 19 *26*

and that death occurred, on the date stated above, at *12 10* p.m.

The CAUSE OF DEATH was as follows:

Stillborn

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of _____

Was there an autopsy? *No*

What test confirmed diagnosis?

(Signed)

Coris F. Skyles, M. D.

(Address)

13 Mahant St Boston

Date

Nov 28 19 24
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Michael Boston
(Cemetery) (City or town)

DATE OF BURIAL

Nov. 29, 1924

19 UNDERTAKER

Michael J. Rosella

ADDRESS

10 No. Bene St.

Official position *Health Officer*

Date of issue of permit

Nov 29

Permit No.

823

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonem*, etc., *Carcinoma, Sarcoma*, etc., of (name or origin; "Cancer" is less definite, avoid use of "tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic adnular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 days*. *Bronchopneumonia* (secondary), *10 days*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Irritation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to the board of health, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

(City or town)

Registered No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transmittal permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov. 28

(Month)

(Day)

1924

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Nov 25, 1924, to Nov 28, 1924

that I last saw him alive on Nov 25, 1924,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY
(SECONDARY)17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? - no

What test confirmed diagnosis?

(Signed) L. J. ... M.D.

(Address) ...

Date ... (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. ... (City or town) Dec. 1, 1924

19 UNDERTAKER

ADDRESS

John F. O'Malley St. ...

Official
positionDate of
issue
of permit

12/1/24 No. 834

white label, with following black ink. Every item of information 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 and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indistinct); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds., Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 46, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

-BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Boston

No.

27 Hawthorne Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Michael W O'Connor

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

27 Hawthorne

St.

Ward

Winthrop

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Lucy

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

118

—

—

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Steam fitter

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass

9 NAME OF
FATHER

Jeremiah O'Connor

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Unknown-Haley

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

Lucy O'Connor

(Address)

27 Hawthorne Ave. Winthrop

14

Filed

Dec. 3, 24

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

11/25, 1924, to 11/28, 1924

that I last saw him alive on 11/27, 1924

and that death occurred, on the date stated above, at 6:45 a.m.

The CAUSE OF DEATH was as follows:

Broncho pneumonia
acute lungs.

(duration) ____ yrs. ____ mos. 10 ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? No Date ofWas there an autopsy? No If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis?

(Signed)

J. P. W. W. W.

M. D.

(Address)

186 Winthrop Landing Mass

Date

Two 25 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Joseph's
(Cemetery)W. Rox
(City or town)

DATE OF BURIAL

Nov. 30-1924

19 UNDERTAKER

Joseph L. Burke

ADDRESS

25 Chambers St
Boston

Official position, Health Officer

Date of

issue of permit

11/29/24

Permit

NO. 832

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupation of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia*; "Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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.

The Commonwealth of Massachusetts 1924, BOSTON
STANDARD CERTIFICATE OF DEATH (City or town)

1 PLACE OF DEATH

County Suffolk

State Massachusetts

Registered No. 9856

(Place of death)

City or Town Boston

No. NEW ENG. BAPTIST HOSPT. St. Ward

Registered No. (Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CHESTER F. GRIFFIN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. (Usual place of abode)

City or Town WINTHROP No. 163 SOMERSET AVE St.

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min. 11

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) BOSTON

(State or country)

9 NAME OF FATHER CHESTER F.

10 BIRTHPLACE OF FATHER (city or town) SOMERVILLE (State or country)

11 MAIDEN NAME OF MOTHER MARIE S. SIMONS

12 BIRTHPLACE OF MOTHER (city or town) WINTHROP (State or country)

13 Informant WALTER P. SIMONS

(Address)

14 Filed 1924 E. W. M. Glenon Registrar of city or town where death occurred

Filed 1924 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH NOV. 30 1924 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from NOV. 25, 1924 to NOV. 30, 1924

that I last saw h. i. m. alive on NOV. 30, 1924

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH was as follows:

SEPTIC MENINGITIS

(duration) yrs. mos. 2 ds.

CONTRIBUTORY PNEUMONIA (SECONDARY)

(duration) yrs. mos. 6 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? YES

What test confirmed diagnosis?

(Signed) K. G. PERCY, M.D.

(Address)

Date DEC. 1, 1924 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop Dec. 3, 1924 (Cemetery) (City or town)

19 UNDERTAKER

B. A. Rollins

ADDRESS

E. Boston

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (d) Grocer, (e) Foreman, (f) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If relieved from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma, Sarcoma, etc.*, (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Senile," "Coma," "Convulsions," "Debility," ("Congenital," "In-itation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

2 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

Colored

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

5

10

7

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

School Boy

8 BIRTHPLACE (City)

(State or country)

Boston
Mass9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Frederick F. Williams

Mass

Marion Brathwaite

Barbadoes

13

Informant

(Address)

Frederick F. Williams

227 Shirley St Woburn

14

Filed

(Month) (Day) (Year)

REGISTRAR

Dec. 9/24

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Dangle

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

Dec 3 1924

16

I HEREBY CERTIFY, That I attended deceased from

Dec 2, 1924, to Dec 3, 1924

that I last saw him alive on Dec 2, 1924

and that death occurred, on the date stated above, at 3:45 A. M.

The CAUSE OF DEATH was as follows:

Cellulitis of Right thigh

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

M. D.

(Address)

Date

(Month)

(Day)

(Year)

J. S. Williams
227 Shirley St
Dec 3 1924

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woburn - Woburn
(Cemetery) (City or town)

DATE OF BURIAL

12/5/24

19 UNDERTAKER

C. R. Bunker

ADDRESS

Woburn

Official
position

Leather Officer

Date of
issue
of permit

12/5/24

Permit
NO.

836

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Saltzman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred 38 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory
standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

1924
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 18, 1924, to Dec 3, 1924,

that I last saw him alive on Dec 3, 1924,

and that death occurred, on the date stated above, at 9:05 P. m.

The CAUSE OF DEATH was as follows:

Mitral Stenosis + Regurgitation
Broken compensation

(duration) ? yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Central Thrombosis

(duration) yrs. mos. 12 ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

(Address)

Date

(Month)

(Day)

(Year)

18 NAME OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official
position

dated

Date of
issue

of permit

Permit
No.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Comman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, home, who are engaged in the duties of the household only (not paid wife, *Housework*, or *At home*, and children, not faintly employed, as *Servant*, *Cook*, *Housemaid*, etc.). If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcinoma, Sarcoma, etc.* of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 28 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Emaciation," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —Gen. Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **apparently due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

13,784

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk

State Mass

Registered No.

City or Town Wintthrop

No. 141 Loring Road

St. Ward

(If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME

Sarah Frances Littlefield

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Wintthrop, 141 Loring Road

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

33

5

3

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Sydney Me

9 NAME OF
FATHER

Cyrus K Littlefield

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Sydney Me

11 MAIDEN NAME
OF MOTHER

Nancy A. Welch

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Sydney Me

13 Informant

(Address)

Mrs. Wayne Littlefield

141 Loring Road

14

Filed

(Month)

(Day)

(Year)

REGISTRAR

20 Burial permit
issued by

Heb. Amish

Official
position

Health Officer

Date of
issue

Dec 6, 1924

Permit
No.

837

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec

(Month)

5

(Day)

1924

(Year)

I

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:

Poisoning by illuminating gas,
suicidal.

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed) Dr. J. Lynn Magrath

M.D.

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Sydney

(Cemetery)

Maine

(City or town)

DATE OF BURIAL

Dec 8, 1924

(Month) (Day) (Year)

19 UNDERTAKER

Frank O. Brown

ADDRESS

East Boston

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

Sanat. T. Dutta
Dec. 5, 1924

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.

02

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1924,

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**

Registered No. **9965**

(Place of death)

City or Town **Boston**

No.

CITY HOSPT.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

ROSA SCHEINFELD

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**

City or Town **WINTHROP** No. **18** **DOLPHIN AVE.** St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

1

8

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a Trade, profession, or particular kind of work)

(b Name of employer)

8 BIRTHPLACE (city or town)

WINTHROP

(State or country)

9 NAME OF FATHER

MAX SCHEINFELD

10 BIRTHPLACE OF FATHER (city or town)

BOSTON

(State or country)

11 MAIDEN NAME OF MOTHER

RUTH DINSFRIEND

12 BIRTHPLACE OF MOTHER (city or town)

BOSTON

(State or country)

PARENTS

13

FATHER

Informant

(Address)

14

Filed **DEC. 8** 1924

E. W. M. Glenen

Registrar of city or town where death occurred

Filed **Jan. 28** 1925

Registrar of city or town where deceased resided

15 DATE OF DEATH

DEC. 5

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

NOV. 17, 19**24**, to **DEC. 5**, 1924

that I last saw **HER** alive on **DEC. 4**, 1924

and that death occurred, on the date stated above, at --- m.

The CAUSE OF DEATH was as follows:

**ACUTE LARYNGITIS, TRACHEITIS,
BRONCHO-PNEUMONIA**

(duration) yrs. mos. ds.

CONTRIBUTORY **SCARLET FEVER**

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? **YES** Date of **NOV. 29**

Was there an autopsy? **(TRACHEOTOMY)**

What test confirmed diagnosis?

(Signed) **E. H. PLACE**

M.D.

(Address)

DEC. 5, 1924

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WOBURN (OHEL JACOB)

(Cemetery)

(City or town)

DATE OF BURIAL

DEC. 5

1924

19 UNDERTAKER

MANUEL STANETSKY

ADDRESS

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of . . .* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as *Lapses, "Coma," "Convulsions," "Tebility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Pneuma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.*

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Winthrop Registered No. Winthrop
City or Town Winthrop No. Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Judeon. Kirkpatrick ii
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 46 Washington Ave St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced
HUSBAND of _____
(or) WIFE of _____

6 AGE Years _____ Months _____ Days _____ If LESS than 1 day, 4 hrs. or 25 min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

9 NAME OF FATHER James Francis Kirkpatrick

10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

11 MAIDEN NAME OF MOTHER Albie M. Young

12 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass

13 Informant James F. Kirkpatrick
(Address) 46 Washington Ave Winthrop

14 Filed Jan 1 1925
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels
4. X.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 12 1924
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 12 1924 to Dec 12 1924,

that I last saw him alive on Dec 12 1924,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Premature Birth 6 1/2 mos.
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Personal Autopsy
(Signed) R. B. Parker M. D.

(Address) Winthrop Mass
Date Dec 13 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop
(Cemetery) (City or town)

DATE OF BURIAL

Dec 13 1924

19 UNDERTAKER

ADDRESS

Official position Health Officer

Date of issue of permit Dec 13 1924

Permit NO. 839

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Comman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic adicular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

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The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *46*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, 2 hrs.
or 20 min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

PARENTS

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

*Dec**12**1924*

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec 12, 19*24*,*Dec 12*, 19*24*.that I last saw him alive on *Dec 12*, 19*24*.and that death occurred, on the date stated above, at *11:30 A* m.

The CAUSE OF DEATH was as follows:

Atelectasis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

Premature Birth 6 1/2 mos

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date of ____Was there an autopsy? *no*

What test confirmed diagnosis?

Pneumal Atelectasis

(Signed)

R. B. Parker

M. D.

(Address)

Winthrop Mass

Date

*Dec**13**1924*

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop - Mass

(Cemetery)

(City or town)

DATE OF BURIAL

12/13/24

19 UNDERTAKER

CR Bennett

ADDRESS

*Winthrop*Official
position*Health Officer*

Date of

permit

12.13.24

Permit

NO.

838

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Strainer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (nagie origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), 29 ds; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

City or Town

Wintthrop

No.

40 Madison Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Martin M. Davis

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

40 Madison Ave

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Phanna

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

70

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Brick Sutter

(b) Name of employer

Retired

8 BIRTHPLACE (City) ...

(State or country)

Ireland.

9 NAME OF
FATHER

Cannot be learned

10 BIRTHPLACE OF
FATHER (City) ...

(State or country)

Ireland.

11 MAIDEN NAME
OF MOTHER

Dwight

12 BIRTHPLACE OF
MOTHER (City) ...

(State or country)

Ireland.

PARENTS

13

Informant
(Address)Mrs. Phanna Davis
40 Madison Ave

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedH. C. D. Amick
9/10

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec

16

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Nov 11, 1924, to Dec 16, 1924

that I last saw him alive on Dec 15, 1924

and that death occurred, on the date stated above, at 1.30 A. M.

The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis

approximate (duration) 2 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) I. P. W. Layton, M.D.

(Address) Wintthrop Mass

Date Dec 16, 1924

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Holy Cross Malden

(Cemetery)

(City or town)

Dec 18, 1924

19 UNDERTAKER

ADDRESS

John F. O'Malley

Wintthrop

Official Health Officer

Date of
issue
of permit

12/17/24 No. 840

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral, septicemia," "Puerperal, peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wentthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

City or Town

Wentthrop

No.

270 Pleasant

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Henry L. Sampson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

270 Pleasant

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Ruth A.

6 AGE

78

Years

Months

6

Days

21

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Wharfinger &

(b) Name of employer

Central Wharf

8 BIRTHPLACE (City)

Duxbury
Mass.

(State or country)

9 NAME OF
FATHER

Gershom L. Sampson

10 BIRTHPLACE OF
FATHER (City)Kingston
Mass.

(State or country)

11 MAIDEN NAME
OF MOTHER

Rebecca Upman

12 BIRTHPLACE OF
MOTHER (City)Duxbury
Mass.

(State or country)

13

Informant

Mr. Charles L. Sampson

(Address)

270 Pleasant St. Duxbury

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-

dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedH. C. Daniels
J. P.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec

16

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug, 1924, to Dec 16, 1924,

that I last saw him alive on Dec 16, 1924,

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH was as follows:

Pneumonia

10 minutes (duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Chronic Endocarditis

7 years (duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. E. E. Johnson, M.D.

(Address)

125 W. Main St.

Date

Dec 11/24

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Cox

(Cemetery)

(City or town)

DATE OF BURIAL

12/19/24

19 UNDERTAKER

Frank E. Brown

ADDRESS

C. Boston

Official
position

Health Officer

Date of
issue
of permit

12/18/24

Permit

No. 84

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Leocomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or her authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk
City or Town Woburn

State Massachusetts

Registered No. _____

(City or town)

No. Community 1000000 St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lorraine F. Diller

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 20 Centre

(Usual place of abode)

St. _____ Ward _____

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret B.

6 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

58

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Clerkman

(b) Name of employer

8 BIRTHPLACE (City)

Woodbridge
N. H.

(State or country)

9 NAME OF FATHER

John B.

10 BIRTHPLACE OF FATHER (City)

New York
New York

(State or country)

11 MAIDEN NAME OF MOTHER

Louisa B. Freeman

12 BIRTHPLACE OF MOTHER (City)

Woodbridge
N. H.

(State or country)

13

Informant

John B. Diller

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or trans. permit was issued

H. C. Daniel
9. B. 9.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

2 (Month)

17 (Day)

24 (Year)

16

I HEREBY CERTIFY, That I attended deceased from

July, 1924, to Dec 17, 1924

that I last saw him alive on Dec 17, 1924

and that death occurred, on the date stated above, at 7:10 m.

The CAUSE OF DEATH was as follows:

Carcinoma of ascending colon

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY)

Chronic Nephritis

(duration) 3 yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 12-11-24

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) J. H. G. Smith, M.D.

(Address) 100 Pleasant St.

Date 12 (Month) 17 (Day) 24 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woburn
(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

John F. W. Hall

ADDRESS

Woburn

Official position Health Officer Date of issue of permit 12/19/24 No. 842

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Pneumopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) action need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthema," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 88, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 88, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from diseases unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BROOKLINE

(City or town)

1 PLACE OF DEATH

County NORFOLK State MASSACHUSETTS
 City or town BROOKLINE No. 12 MASON TERRACE St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 440

(Place of death)

Registered No.
(Place of residence)

2 FULL NAME

ROBERT SAMPSON WATTS

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASSACHUSETTS City or Town WINTHROP No. 33 ORLANDO AVENUE St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5a If married, widowed, or divorced HUSBAND of <u> </u> (or) WIFE of <u> </u>				
6 AGE	Years <u>0</u>	Months <u>0</u>	Days <u>30</u>	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ////

(b) Name of employer

8 BIRTHPLACE (city or town) Brookline(State or country) Massachusetts

P A R E N T S	9 NAME OF FATHER <u>Robert Barron Watts</u>
	10 BIRTHPLACE OF FATHER (city or town) <u>Andover</u> (State or country) <u>Massachusetts</u>
	11 MAIDEN NAME OF MOTHER <u>Dorothy Helena Sampson</u>
	12 BIRTHPLACE OF MOTHER (city or town) <u>Dorchester</u> (State or country) <u>Massachusetts</u>

13 Informant Dorothy H Sampson
 (Address) 33 Orlando Avenue Winthrop Mass

14 Filed Dec. 19, 1924 Edward W. Baker
 Registrar of city or town where death occurred

Filed Jan. 5, 1925
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH December 19, 1924.
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
November 20, 1924, to December 19, 1924,
 that I last saw him alive on December 18, 1924,
 and that death occurred, on the dated stated above, at 7 A.m.
 The CAUSE OF DEATH was as follows:

Spina bifidacongenital.(duration) yrs. mos. ds.CONTRIBUTORY
(SECONDARY)(duration) yrs. mos. ds.17 Where was disease contracted
if not at place of death? Did an operation precede death? No. Date of Was there an autopsy? What test confirmed diagnosis? (Signed) Walter J Graves M. D.(Address) 15 Babcock Street BrooklineDate December 19, 1924.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Cedar Grove Milton Mass

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 22, 1924

19 UNDERTAKER

C R Bennison

ADDRESS

Winthrop Mass

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.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Typhoid cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic reticular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Senile," "lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicemic," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until the facts shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is incompetent, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supersessible due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

12

20

24

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

1845, 1924, to 12-20, 1924

that I last saw him alive on 12-20, 1924

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH was as follows:

Edema of Lungs.

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Chronic Interstitial
Nephritis
(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. J. Carey, M.D.

(Address) 200 Pleasant St.

Date 12-21-24
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official
position

Health Officer

Date of
issue of permit

12/22/24

Permit

No.

843

H. C. Daniels
9. B. 9.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Leocomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or taken up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d day*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-flu-entia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral, septicemia," "Puerperal, peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pul-mo-nary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate, required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . I, he shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information 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 and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

(City or town)

I PLACE OF DEATH

County

City or Town

Suffolk

State

Massachusetts

Registered No.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.,

Ward

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of

James H. Jenness

6 AGE

Years

Months

Days

If LESS than 1 day, ____ hrs. or ____ min.

56

-

-

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

Housewife

8 BIRTHPLACE (City)

(State or country)

Boston

Mass

9 NAME OF FATHER

Patrick Murphy

10 BIRTHPLACE OF FATHER (City)

(State or country)

New York

N. Y.

11 MAIDEN NAME OF MOTHER

Bridget Duffy

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

13

Informant

(Address)

James H. Jenness
30 Cora St

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

December, 21, 1924
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept. 24, 1924, to Dec. 20, 1924,

that I last saw her alive on Dec. 20, 1924,

and that death occurred, on the date stated above, at 5:57 p. m.

The CAUSE OF DEATH was as follows:

Carcinoma (Mediastinal)

(duration) 2 yrs. + mos. ds.

CONTRIBUTORY

(SECONDARY)

Pulmonary Thrombosis

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Not known

OR WHAT?

Did an operation precede death?

Date of No

Was there an autopsy?

No.

What test confirmed diagnosis?

None

(Signed)

Frederick Richmond

M. D.

(Address)

76 Newwood St. Everett

Date

Dec. 21, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross Midden

(Cemetery)

(City or town)

DATE OF BURIAL

Dec 23, 1924

19 UNDERTAKER

ADDRESS

M. J. Kelly 11 Meridian St.

Official position, Health Officer

Date of issue of permit

Dec 22, 24

Permit

NO. 874

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d day*; *Bronchopneumonia* (secondary), *10 day*. Never report mere symptoms or terminal conditions, such as "Assthema," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc., "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
 It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts
1924,
STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts**Registered No. _____
(Place of death)City or Town **Boston**Registered No. _____
(Place of residence)No. **U. S. Coast Guard Cutter Mackinac** Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)**Dorchester Bay**2 FULL NAME **Emil Christensen**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **Mass**
(Usual place of abode)City or Town **Winthrop** No. **156 Wash. Ave** St.

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**Single**5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

511 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**Boatswain**

(b) Name of employer

U. S. Coast Guard

8 BIRTHPLACE (city or town)

(State or country)

Norway9 NAME OF
FATHER**Emanuel Christensen**10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

Norway11 MAIDEN NAME
OF MOTHER**Eliza Jacobson**12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

Norway

13

Informant

Mrs R Cox

(Address)

156 Wash. Ave

14

Filed

Dec 29, 1924**EWM Glenen**

Registrar of city or town where death occurred

Filed

Jan 7, 1925

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec 22

(Month)

(Day)

1924

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 1924.....

that I last saw him..... alive on....., 1924.....

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH was as follows:

Natural Causes,**Cardio-Vascular Disease,****Presumably Coronary Sclerosis****(Sudden Death)** (duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) **G B Magrath. Med. Exam.** M.D.

, 19..... (Address)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop, Winthrop

DATE OF BURIAL

Dec 26

1924

19 UNDERTAKER

W A Treanor

ADDRESS

E. Boston

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal," *septicemic*, "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information when any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, malarial febrile, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws (Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . I shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from diseases unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

12.9, 1924, to Dec 23, 1924,

that I last saw him alive on Dec 23, 1924,

and that death occurred, on the date stated above, at 7.15 P. M.

The CAUSE OF DEATH was as follows:

Broncho pneumonia

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of.

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Official position Health Officer

Date of issue of permit

Dec 26, 1924

Permit

NO.

840

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Dec. 23, 1924

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Chief engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., (name origin; "cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurren) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 2.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **apparently due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec.

27

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec. 24th, 1924, to Dec. 24th, 1924that I last saw him alive on Dec. 24th, 1924

and that death occurred, on the date stated above, at 11:20 a. m.

The CAUSE OF DEATH was as follows:

Premature separation
of placenta

(duration)

yrs.

mos.

3 ds.

CONTRIBUTORY
(SECONDARY)

Still born

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Michael H. M. M.D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Michael's
(Cemetery)Boston
(City or town)

12/27/24

19 UNDERTAKER

ADDRESS

John H. O'Malley

79 Atlantic St.
BostonOfficial
position

Health Officer

Date of
issue
of permit

12/26/24

Permit

No. 846

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and, therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapses," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Int-nition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County *Suffolk* State *Mass* Registered No. _____
City or Town *Winthrop* No. *16* *Madison ave* St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Catharine Stewart Woods*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *16 Madison ave* St., _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred *3* years *7* months *1* days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *female*
4 COLOR OR RACE *white*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*
5a If ~~married~~, ~~widowed~~ or ~~divorced~~
HUSBAND of *Frank Woods*
(or) WIFE of
6 AGE Years *73* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at home*
(b) Name of employer _____

8 BIRTHPLACE (City) *St. Peter, Cape Breton*
(State or country)

9 NAME OF FATHER *Archibald Stewart*
10 BIRTHPLACE OF FATHER (City) *Scotland*
(State or country)
11 MAIDEN NAME OF MOTHER *Ann. Nicholson*
12 BIRTHPLACE OF MOTHER (City) *Scotland*
(State or country)

13 Informant *Ellen McKenzie*
(Address) *107 Culver St. Winthrop*

14 Filed *Dec. 30/24*
(Month) (Day) (Year)
REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
H. P. Daniels
H. P.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Dec 26 1924*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Jan 15*, 1924, to *Dec 26*, 1924, that I last saw h *is* alive on *Dec 26*, 1924, and that death occurred, on the date stated above, at *11:45 a* m. The CAUSE OF DEATH was as follows:
Senility - Arteriosclerosis

(duration) *104* yrs. _____ mos. _____ ds.
CONTRIBUTORY *Cerebral Hemorrhage*
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? ☒ Date of ☒
Was there an autopsy? ☒

What test confirmed diagnosis?
(Signed) *Richard M. Quate* M. D.
(Address) *114 Essex St. W.*
Date *Dec 27 1924*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop Winthrop*
(Cemetery) (City or town)
DATE OF BURIAL *12/27/1924*

19 UNDERTAKER *Chas. R. Be...*
ADDRESS *Winthrop*

Official position, *Health Officer* Date of issue of permit *2/27/25* Permit NO. *847*

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Dec 26, 1924

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examinate: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc.; of . . . (name organ; "anæmia" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 days. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.; "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. Those include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation. The sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St., 3 Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

40 years

months

days

How long in U. S., if of foreign birth? 45 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mary W. Welsh

6 AGE

Years

Months

Days

If LESS than

61 -

2

7

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Contractor

(b) Name of employer

Business for himself

8 BIRTHPLACE (City)

(State or country)

Selkirk

Scotland.

9 NAME OF
FATHER

James Welsh

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Selkirk

Scotland

11 MAIDEN NAME
OF MOTHER

Mary W. Wilson

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Selkirk

Scotland

PARENTS

13

Informant

(Address)

Mary W. Welsh
891 Shirley St. Winthrop Mass

14

Filed

Dec 30/24

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

T. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec

27

1924

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec 5

1924

to Dec 27

1924

that I last saw him alive on Dec 27

1924

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH was as follows:

ruptured appendix

(duration) yrs. 1 mos. ds.

CONTRIBUTORY
(SECONDARY)

General Peritonitis

(duration) yrs. mos. 27 ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

V. J. MacFarlane

M.D.

(Address)

114 Pleasant St.

Date

Dec

(Month)

29

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Poughkeepsie, New York

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 30/1924

19 UNDERTAKER

Walter G. White

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue

of permit

2, 30, 24

Permit

No.

849

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Coal-miner, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningies, peritoneum*, etc., *Cerebrum, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicaemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No. 175

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. 175 Pleasant

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Rosalie E.

6 AGE

Years

Months

Days

If LESS than

56

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Retired

8 BIRTHPLACE (City)

(State or country)

Boston
Mass9 NAME OF
FATHER

William W.

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Boston
Mass11 MAIDEN NAME
OF MOTHER

Katherine Grey

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

London
England

13

Informant

(Address)

Mr. W. Jenkins
175 Pleasant St.

14

Filed

Dec 30, 24
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. C. Daniels

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

Dec

27

1924

16

I HEREBY CERTIFY, That I attended deceased from

Mar. 1, 1923, to Dec. 27, 1924.

that I last saw him alive on Dec. 26, 1924.

and that death occurred, on the date stated above, at 7-A. m.

The CAUSE OF DEATH was as follows:

Carcinoma of Intestines

(duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY
(SECONDARY)

acute dilatation of

heart

(duration) yrs. mos. 10 ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Yes Date of Dec-1923.

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Edward J. Frauger, M.D.

(Address) 7 Edwin St.

Date Dec. 27, 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

John F. O'Malley Winthrop

Official Health Officer

Date of issue of permit 12/29/24 No. 848

N. D. - WHITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Dec. 27, 1924
Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall, in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

10745

1924,
STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(Place of death)

City or Town

Boston

No.

Children's Hosp

(Place of residence)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Barbara Brennan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

Winthrop

City or Town

Mass

No. 40 Adams

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

3

3

8

1 day, hrs.

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town)

Winthrop

(State or country)

Mass

9 NAME OF
FATHER

James

10 BIRTHPLACE OF
FATHER (city or town)

Waterbury

(State or country)

Ct

11 MAIDEN NAME
OF MOTHER

Mary T Bigelow

12 BIRTHPLACE OF
MOTHER (city or town)

Fitchburg

(State or country)

Mass

13

Informant

J F Brennan

(Address)

40 Adams St

14

Filed Dec 31, 1924

E W M Glenen

Registrar of city or town where death occurred

Filed Jan 1, 1925

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec 29

(Month)

(Day)

1924

(Year)

16

I HEREBY CERTIFY, That I attended deceased from
Dec 28 24 Dec 29
19, to 1924,

that I last saw her alive on Dec 28, 1924,

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E T Wyman, M.D.

19 (Address) 483 Beacon St Boston

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross, Malden

DATE OF BURIAL

Dec 31 1924

19 UNDERTAKER

J F O'Maley

ADDRESS

Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indelinite); *Tuberculosis of lung*, *metastases*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

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No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 85, Sec. 6.*

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